United Nations A/58/PV.6

General Assembly
Fifty-eighth session

Official Records

6th plenary meeting
Monday, 22 September 2003, 9.05 p.m.
New York

President: The Hon. Julian R. Hunte ..... (Saint Lucia)

In the absence of the President, Mr. Alimov (Tajikistan), Vice-President, took the Chair.

The meeting was called to order 9.05 p.m.

Agenda item 47 ***(continued)***

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level plenary meetings devoted to the follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/58/184)

The Acting President: I now give the floor to His Excellency The Honourable Joseph Borg, Minister for Foreign Affairs of Malta.

Mr. Borg (Malta): My delegation aligns itself with the statement delivered by Italy on behalf of the European Union and acceding countries.

Although the number of cases of HIV/AIDS in Malta remains comparatively low, we recognize the further potential devastating impact of the disease and acknowledge that there is certainly no room for complacency. We reaffirm Malta's pledge to fight against that pandemic, as well as our commitment to strive further to address the problem of HIV/AIDS in all its aspects. Discussing the problem at the national level is not enough. Our responsibilities as representatives of our citizens compel us to take the debate further. We have a collective moral obligation towards the citizens we represent to address this challenge in a concrete manner and in a concerted global response.

That fight has to be fought on two fronts, namely, those of containment and prevention. Admittedly, that is not easy; but the experiences of other countries that have been successful should serve as an example for all to follow. Malta has closely witnessed the changes and advances that have occurred in the field over past years — from the unfortunate earlier times, when all that could be offered to our patients was the treatment of opportunistic infections and palliative care, to the more recent availability of antiretroviral medication. That has completely changed the outlook and quality of life of our patients and of all concerned.

Malta believes that an accessible and well-organized health care system is the key to an effective containment strategy. Our State hospital's infectious diseases unit offers centralized service on the island. Free antiretroviral treatment may only be prescribed from that unit, which also works very closely with a centralized laboratory where anonymous HIV-testing is carried out. That allows for more accurate collection of data and epidemiological study, which is central to a targeted response and appropriate allocation of limited resources.

This record contains the text of speeches delivered in English and of the interpretation of speeches delivered in the other languages. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room C-154A. Corrections will be issued after the end of the session in a consolidated corrigendum.

03-52771 (E)

Malta's response to the epidemic has been a comprehensive one, integrating prevention, voluntary confidential counselling and testing, care, support and treatment. That multidisciplinary service is provided by various departments of the national health service, working in close liaison with social workers and related non-governmental organizations.

Indeed, the prevention of infection remains the mainstay of Malta's response, through the provision of information, the screening of all blood donors and donations, the adoption of universal precautions in the health care setting, awareness-raising campaigns and targeted educational and other programmes, such as the free distribution of syringes from health centres. In addition, people living with HIV/AIDS in Malta benefit from easy access to free health care, including medication, information, counselling and support — all of which has resulted in improved quality of life. Confidentiality is a priority throughout the system, and is of the utmost importance in a small community like Malta.

It has long been recognized that the fight against HIV/AIDS must include all sexually transmitted infections. HIV testing is actively encouraged in all patients attending the recently set up walk-in clinic for the diagnosis and management of sexually transmitted infections. The very good uptake of 70 per cent is much higher than the minimum recommended target.

Malta is actively working on its first national sexual health policy. Key elements of the policy include proposals for a review of sex education in schools and surveillance of major sexually transmitted infections, including HIV. It will also emphasize the need for specific legislation to address problems such as discrimination in employment opportunities and other basic human rights.

Although the problem of HIV/AIDS is relatively contained on our island, it is still a reality and larger than life for those who live with the virus day in and day out.

In conclusion I would like to reiterate an all-important point that our countries had made in the Declaration of Commitment expressed at the twenty-sixth special session of the General Assembly, when we affirmed the key role played by the family in the prevention, care, support and treatment of our fellow human beings affected by this human tragedy.

The Acting President: I now give the floor to Her Excellency Mrs. Geneviève Sindabizera, Minister in Charge of the Fight against AIDS of the Republic of Burundi.

Mrs. Sindabizera (Burundi) (*spoke in French*): The HIV/AIDS pandemic, which emerged at the start of the 1980s, has now become not only a public health problem but also a major challenge to all sustainable human development. This scourge has seriously jeopardized the achievements of humanity in terms of social and economic development. This situation is of particular concern in countries with fragile economies, particularly African countries.

Within the past 20 years, specialized institutions are reporting alarming figures on infected persons. It should be stressed that the majority of people affected are found in sub-Saharan Africa. The world must show more solidarity, for Africa is truly in the process of decline.

To confront this unprecedented global crisis, the General Assembly outlined in 2001 a global plan of action to fight HIV/AIDS, together with a Declaration of Commitment to promote the involvement at the highest level in the fight against HIV/AIDS. Two years after that Declaration, the time has come for reviewing the outcome.

Concerning my country, Burundi, in particular, it should first be stressed that the rate of HIV infection has reached a very alarming level. Thus, according to the last national survey of seroprevalence, in December 2002, the infection rate was, respectively, 9.4 per cent in urban areas, 10.5 per cent in suburban areas and 2.5 per cent in rural areas.

The combined effects of the war that has afflicted my country for some 10 years, accelerated impoverishment, the weakness of actions against HIV/AIDS and low level of training and information have contributed to this rapid spread of the epidemic. Confronted with the magnitude of this pandemic, the Government of Burundi has drafted a national plan of action to combat AIDS covering the period 2002-2006. The plan is now at its implementation phase.

The Government of Burundi initially gave great priority to the establishment of an institutional framework. It is to this end that it set up a National Council, sectoral departments, provincial committees, communal committees and local committees to combat

AIDS. This approach was adopted to involve all sectors of the population, from top to bottom.

To show the commitment at the highest level of Government to that fight, which we cannot afford to lose, the National Council to combat AIDS is presided over by the head of State himself. At the same time, a ministry attached to the presidency responsible for the fight against AIDS was created.

Today, thanks to the Government's tenacity and support from our partners, virtually all of these structures are operational. The determined involvement of civil society associations, national and international non-governmental organizations, religious groups and organizations of persons living with HIV/AIDS in the fight against this scourge should also be mentioned.

Of course, the optimal implementation of our plan of action requires financial resources, part of which remains to be acquired, namely $140 million out of an estimated budget of $230 million.

I would like to take this opportunity to thank those who have already come through with their pledges. I would especially like to mention the World Bank, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis. I would also like to urge those who have not made their contribution to do so promptly, for tomorrow risks being too late.

It is very regrettable today that in most poor countries like Burundi we are not able to prevent mother-to-child transmission of the virus, whereas appropriate and effective treatment exists. It is also frustrating to see that medicine to reduce the viral load exists, but because of the low income of our populations, we are deprived of progress made by medicine.

The problem of care for the sick is a major hindrance to voluntary testing. To get beyond this deadlock and safeguard humanity, it is high time to concert our efforts more specifically to stem this scourge and to be able to pass on to our youth a world full of hope.

Let us rest assured: the success of this noble mission will depend on active solidarity between nations, which should be our banner in the fight.

The Acting President: I now give the floor to His Excellency Mr. Michael Vit, Deputy Minister of Health of the Czech Republic.

Mr. Vit (Czech Republic): The Czech Republic fully associates itself with the statement delivered earlier by Italy on behalf of the European Union. Let me, however, add a few words on the specific situation of my country, the Czech Republic.

I must admit that the Czech Republic is still a very fortunate country as far as the HIV/AIDS epidemic is concerned. As of 31 July 2003, only 633 cases of HIV infection have been diagnosed among the 10.3 million of our citizens, reaching a cumulative HIV prevalence of 61.6 cases per million inhabitants. To date, exactly 100 patients have died, out of the 168 AIDS cases in our country. For many different reasons, the Czech Republic belongs to the countries least affected by this epidemic scourge in both the European and the global perspective.

Our country greatly appreciated the whole process in the United Nations leading to the adoption of the Declaration of Commitment during the United Nations special session of the General Assembly in June 2001. The Czech Republic fully supported the Joint United Nations Programme on HIV/AIDS (UNAIDS) effort to achieve effective leadership and coordination of the worldwide actions to combat HIV/AIDS, agreed targets for the prevention of HIV/AIDS, mobilization of the necessary level of financial resources and other important goals. Having the targets set by the Declaration of Commitment, we have to fully concentrate on fulfilling these targets and on monitoring the progress in achieving them in the periods set by the Declaration itself.

Please allow me to quote some data from nine national indicators monitoring the progress of the national AIDS programme and HIV-related behaviour. First, our data suggest that teachers in 93 per cent of the grammar schools have been trained in life-skills-based education and have taught the subject during the past school year. We consider that all young people have the right to get the correct information about how to protect themselves and how to adopt skills to limit their risky behaviour.

Secondly, nearly 100 per cent of the clients in regional sexually transmitted disease (STD) facilities are afforded appropriate counselling, diagnosis and treatment for STDs, including HIV counselling. These

facilities offer HIV testing on a voluntary basis to all patients with STDs.

Thirdly, this year we are in the process of collecting updated information on behaviour among young adults from 15 to 24 years of age and intravenous drug users, and we will analyse and interpret that data by the end of this year.

With regard to the overall impact of HIV, since 1985 we have diagnosed only three cases of vertical transmission of HIV infection among 30 babies delivered of HIV-infected women, due to the universal antiretroviral prophylaxis. This prophylaxis is delivered free of charge to all pregnant women infected by the HIV virus.

The Government of the Czech Republic, the Czech Ministry of Health and the Czech National AIDS Programme reaffirm their sense of responsibility for containing the HIV/AIDS epidemic in the country and alleviating its overall impact on our society. I have just outlined some of the policies we have formulated and have been implementing towards this end.

I have the honour to also express the readiness of my country to continue these efforts and to implement the new initiatives of the Declaration of Commitment on HIV/AIDS towards combating the HIV/AIDS epidemic. We are committed to strengthening the monitoring and evaluation of our achievements and are ready to adjust our actions in accordance with the results generated by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Country Response Information System (CRIS).

In conclusion, allow me to thank the United Nations for conducting this high-level plenary meeting devoted to the follow-up to the outcome of the twenty-sixth special session and implementation of the Declaration of Commitment on HIV/AIDS. I particularly appreciate the interactive character of this event. I hope it will inspire and energize our further work in fighting this pandemic all over the world.

The Acting President: I give the floor to His Excellency Mr. Gao Qiang, Deputy Minister of Health of the People's Republic of China.

Mr. Qiang (China) (*spoke in Chinese*): Entrusted by His Excellency Mr. Hu Jintao, President of the People's Republic of China, I now have the pleasure to attend this high-level meeting on HIV/AIDS and to make a statement.

HIV/AIDS is a common enemy of the whole of mankind. It is our common task to control and prevent HIV/AIDS. The special session of the General Assembly on HIV/AIDS, which was held two years ago, played an important role in attracting global attention to the issue of HIV/AIDS and to improving measures aimed at its prevention and control.

The convening of this high-level plenary meeting once again demonstrates the importance the United Nations has attached to HIV/AIDS. The Chinese Government greatly appreciates the efforts made by the United Nations and is working actively in the global fight against HIV/AIDS and to fulfil our responsibilities.

The Chinese Government attaches great importance to HIV/AIDS prevention and treatment. The Chinese President Hu Jintao once stated explicitly, "HIV/AIDS prevention, care and treatment is a major issue pertinent to the quality and prosperity of the Chinese nation. ... We need to motivate the whole society to deal with it." Mr. Wen Jiabao, Premier of the State Council, has also given instructions to address HIV/AIDS issues

Based on the experience and lessons learned in the past ten years, we have established the principle of HIV/AIDS prevention, care and treatment — focusing on prevention — and have formulated medium and long-term strategic plans.

The Chinese Government has allocated 6.8 billion yuan to establish and improve disease prevention and control mechanisms in the provinces. It has invested 2.25 billion yuan to strengthen the blood stations. Each year more than 200 million yuan are used as a special fund for HIV/AIDS prevention, care and treatment.

Chinese care projects have been established in 51 counties in China and encompass extensive and comprehensive prevention and treatment measures. However, we are fully aware of the fact that China is a developing country and its economic and social development is still at an early stage. Consequently, sufficient attention has not been devoted to AIDS-related issues. This year, we have cooperated with the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in conducting a joint HIV/AIDS epidemiological survey. In China we have about 840,000 HIV/AIDS infected individuals including about 80,000 patients with AIDS.

Faced with the arduous task of HIV/AIDS prevention and treatment, the Chinese Government will intensify our work in preventing the spread of HIV/AIDS. First, we will strengthen Government efforts to fulfil its responsibility. The Chinese Government considers HIV/AIDS prevention and treatment an important task and we will further clarify the targets. With regard to cases caused by negligence, we will punish those accountable.

Secondly, the Chinese Government is committed to providing free treatment and medicine to HIV/AIDS patients. We will strengthen our development of research and study of HIV/AIDS drugs. We will also increase the construction of hospitals to treat people with HIV/AIDS.

Thirdly, public awareness campaigns will be launched, educating the public and encouraging them to participate in HIV/AIDS prevention and treatment efforts. We will crack down on illegal acts such as drug trafficking, drug use, prostitution and illegal blood collection and supply.

Fourthly, we will protect the legitimate rights of HIV/AIDS patients. In all of the 124 counties where the Chinese care projects will be established, the Government will provide economic aid to HIV/AIDS patients who are living in poverty, and their children will have free tuition to attend school.

Fifthly, we will be more active in international cooperation. We have pledged $10 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria to support the HIV/AIDS prevention and treatment efforts of developing countries, fulfil the development goals of the United Nations Millennium Declaration and contribute to the early control of the spread of HIV/AIDS.

The Acting President: I call on Her Excellency Ms. Lidija Topic, Deputy Minister for Foreign Affairs of Bosnia and Herzegovina.

Ms. Topic (Bosnia and Herzegovina): Let me congratulate the United Nations for convening this important meeting at a time which is far too late for millions of victims — children, women and men — but still in due time to join the effort in the fight to prove that the spread of AIDS is no longer inevitable. Let me also thank the United Nations Secretary-General for this timely initiative.

Bosnia and Herzegovina belongs to the group of countries with a low-level epidemic, meaning that HIV prevalence does not exceed 5 per cent within any defined sub-population. But, epidemiologists in Bosnia and Herzegovina agree that this is only the tip of the iceberg, and that the number of those living with HIV/AIDS in Bosnia and Herzegovina is much larger.

In addition, our analysis of the current situation, weaknesses in the early-detection system and our monitoring of HIV/AIDS have led us to the following conclusions: there are some weaknesses even in first-generation monitoring; second-generation monitoring has not yet been introduced; with regard to testing, the goal of anonymity has not been met and testing has not been free of cost; and finally, there has been no adequate qualitative response on the part of the health sector to diagnostics and treatment with highly active antiretroviral therapy.

We in Bosnia and Herzegovina have therefore undertaken energetic action to fight the spread of HIV/AIDS, which we are obliged to do as a Member of this body. In accordance with the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) — which Bosnia and Herzegovina has adopted, thereby fully accepting the relevant obligations — Bosnia and Herzegovina's Council of Ministers has established a National Advisory Board for fighting HIV/AIDS. The Board's mission of fighting HIV/AIDS is focused on developing and implementing an adequate response to the spreading of the HIV/AIDS epidemic throughout the world and its expected further spread throughout Bosnia and Herzegovina. The Board will carry out its mission by developing a national anti-HIV/AIDS policy and strategy. In order to respond adequately to the increasing interest of youth in HIV/AIDS issues, the National Advisory Board, taking their special interests into account, has defined priorities for protecting the interests of the groups most vulnerable to HIV/AIDS exposure.

Taking a multisectoral approach in the fight against HIV/AIDS, the National Advisory Board has established principles of HIV/AIDS prevention based on: permanent cooperation among governmental institutions at all levels; transparency in HIV/AIDS work at all levels; the establishment of an appropriate legal framework based on European Union recommendations; continuous education and training for all actors involved in the implementation process to ensure that they are qualified and relevant participants

in activities to prevent and fight HIV/AIDS; equal participation on the part of all actors — including those who are HIV-positive, with or without symptoms, and those who live or work with them — in implementation of the HIV/AIDS prevention strategy; and programme self-sustainability following the eventual termination of international assistance.

Based on those principles, the Advisory Board has prepared a prevention strategy that has been discussed extensively in the country. The document's special value lies in its definition of strategic goals: preventing the transmission and spread of HIV/AIDS; ensuring adequate medical treatment, care and support for persons living with HIV/AIDS; creating a legal framework for protecting ethnic principles and the human rights of persons living with HIV/AIDS; ensuring the coordination and development of sustainable capacities for fighting against HIV/AIDS; and supporting the strengthening of ties with international organizations.

Although the document has not yet been formally adopted, according to the discussions, preparations for the implementation of its strategic goals are currently under way. Intensive cooperation has been initiated with United Nations agencies active in Bosnia and Herzegovina, primarily the United Nations Development Programme, the World Health Organization, the United Nations Population Fund and the United Nations Children's Fund. Other organizations from the non-governmental sector, acting through youth centres, have also developed a better approach towards vulnerable groups, especially drug-addicted persons. In addition, we have initiated improvements in the relevant legislature.

Finally, the Global Fund to Fight AIDS, Tuberculosis and Malaria, established at the initiative of the Secretary-General, is becoming an effective tool for implementing the Declaration of Commitment. In that context, I should like to express appreciation for the steps actively taken by the Governments of the United States and of the European Union countries in order to support the Fund. Additionally, Bosnia and Herzegovina very much supports the initiative for yearly follow-up on implementation of the Declaration of Commitment on HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Sorajak Kasemsuvan, Vice-Minister for Foreign Affairs of the Kingdom of Thailand.

Mr. Kasemsuvan (Thailand): I share the view expressed this morning by the Secretary-General and many other speakers who preceded me that, although we have achieved significant progress in our fight against HIV/AIDS, it is simply not enough.

Since the outbreak of the AIDS epidemic in Thailand, no less than 1 million people have been infected, nearly 400,000 have died and approximately 600,000 are currently living with HIV/AIDS. To meet this devastating challenge, strong leadership and firm political commitment are of the utmost importance. Political leaders in Thailand have successively placed HIV/AIDS prevention high on their national agendas and have committed much-needed resources to the national AIDS programme. Between 1984 and 2002, the Thai Government progressively increased the annual national budget for HIV/AIDS programmes from less than $50,000 to more than $35 million.

To fight the pandemic, multisectoral participation has been at the core of the Thai Government's approach. Civil society — especially non-governmental organizations — have taken a very active part in policy development and implementation through the national AIDS prevention and control committee, chaired by the Prime Minister. In addition, a substantive portion of the annual budget has been allocated to support HIV/AIDS prevention and treatment projects carried out by non-governmental organizations.

The work of civil society in Thailand has expanded our HIV/AIDS programme to reach target groups in areas where the Government has constraints or limitations. Moreover, to adopt a holistic approach, the Government has incorporated the HIV/AIDS programme into the national economic and social development plan. That has led the Government to implement, control and monitor the HIV/AIDS programme in a comprehensive manner.

Thailand's successful measures to stop HIV/AIDS transmission also include an awareness-raising campaign and a policy aimed at 100 per cent condom use. Thailand's prevention of mother-to-child HIV infection has resulted in a great decline in the annual HIV infection rate from 140,000 cases to approximately 20,000. The Thai Government is committed to providing comprehensive care for people living with HIV/AIDS, including voluntary counselling

and testing and medical, nursing and social welfare care. We believe that our approach and the implementation of our policy for approximately the past decade have lessened the number of potential HIV/AIDS infections in our country.

Despite our success, however, Thailand cannot afford to be complacent. We must continue our awareness-raising and prevention campaigns with a particular focus on new potentially vulnerable groups such as youth. At the same time, we must continue to place emphasis on addressing the need for treatment and care of the 600,000 people currently living with HIV/AIDS.

Thailand considers HIV/AIDS to be a threat to human security from the perspectives of both freedom from fear and freedom from want. The psychological impacts of HIV/AIDS can create a climate of fear that can be more harmful than the disease itself. Thailand's newly established Ministry of Social Development and Human Security is charged with playing a leading role, together with the Ministry of Public Health, in addressing HIV/AIDS from the human security perspective.

As a member of the Human Security Network, Thailand hosted the Network's Intersessional Meeting on Human Security and HIV/AIDS, held in Bangkok, in January 2002. In an effort to sustain the momentum generated thereby within the Network, the Fifth Ministerial Meeting of the Human Security Network, held in Graz, Austria, in May 2003, agreed, at the initiative of Thailand, to incorporate the HIV/AIDS issue into the Network's medium-term work plan for the period 2003 to 2005.

Faced with the movement of millions of migrants from the Mekong subregion into Thailand — which has further complicated HIV/AIDS prevention and control — Thailand is pleased that, at the fifty-ninth session of the United Nations Economic and Social Commission for Asia and the Pacific, ministers and policy-makers reaffirmed their political commitment to the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). But their pledge would be of no avail were it not for the pledge to mobilize resources to address this global crisis. The Thai Government has pledged a $5 million contribution to the Global Fund for the period 2003-2007.

In July 2004, Thailand will host the fifteenth annual International AIDS Conference, on the theme of access for all. Thailand hopes to foster closer and more concrete cooperation among developed and developing countries, in partnership with all stakeholders, to address the HIV/AIDS problem, especially in promoting affordable, safe and effective medicines for those infected with HIV/AIDS and increasing access to HIV/AIDS care. It is hoped that the Conference will be a good follow-up to today's high-level plenary meetings. I therefore wish to invite all members to attend the fifteenth International AIDS Conference in Bangkok at the highest possible level.

I strongly believe that with our collective efforts, we can reverse the threat of HIV/AIDS, which undermines human security.

The Acting President: I now give the floor to His Excellency Mr. Ichiro Fujisaki, Deputy Minister for Foreign Affairs of Japan.

Mr. Fujisaki (Japan): We are at war. There is no cracking sound of bombs and bullets. Nonetheless, millions of people are suffering every day. Millions of people are dying every year. That is the war between humankind and HIV/AIDS. It is a real war.

Mankind has fought against many diseases. We are winning on some of the fronts. However, we are now facing one of our toughest enemies, namely HIV/AIDS. We know that if we spare any effort, our opponent will gain ground. We will not let that happen. That was the political commitment made two years ago. We are here to renew our political will. And that is exactly what I think all countries are going to do today.

As this is not the first war against disease that mankind has fought, we know what the strategy should be. Let me spell out four points. First is the importance of prevention. Prevention is the most effective way of containing diseases. The key here is knowledge. People can avoid diseases only if they know what to guard against. We have to promote education and dissemination of information.

The second is increased access to treatment and care. The recent World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) is to be welcomed. Now it is all the more important to make the best use of it. And, for that, we have to enhance health systems, including enhancement of health personnel, evaluation and monitoring capabilities. We must also make support a priority. We have to have a comprehensive strategy.

Thirdly, we must mobilize all our forces at once. All stakeholders, including the Governments of developing countries and donor countries, non-governmental organizations and the private sector, have to work as partners. Ownership and partnership have to play a major role here.

Fourthly, we need better coordination among us. For example, each international organization is not an individual division. Each is a regiment of our entire forces. Bilateral assistance should be coordinated with multilateral assistance. From that standpoint, we welcome the establishment of the Global Fund. It gives us a strong hope.

I would like now to touch on Japanese policy. Japan reportedly has fewer than 10,000 people who are HIV positive in a country with a population of 120 million people. That may be a small number compared to other countries. However, we take this issue very seriously. Why? We do so for two reasons. First, it involves human life. Secondly, we have a recent memory of fighting epidemics in our country. We know that without containing diseases, there can be no development.

That is why the Government of Japan announced the Okinawa Infectious Diseases Initiative three years ago. We have announced $3 billion in five years as our target. We have already disbursed $2 billion. In doing so, we have tried to strike the right balance in different regions and among different measures, namely prevention, treatment, care and support. On top bilateral assistance, we have tried our best, with others, to establish the Global Fund. We have pledged that in the initial three years, we will contribute $200 million. We are faithfully implementing our commitment. Japan will continue to support a wide range of measures to fight infectious diseases through a combination of bilateral and multilateral programmes.

In concluding, let me thank the United Nations for taking this valuable and opportune initiative. We think that this is very timely, because we are now entering a critical phase in our war. We have to fight together, and we will win.

The Acting President: I now give the floor to His Excellency Mr. Abelardo Moreno, Deputy Minister for Foreign Affairs of Cuba.

Mr. Moreno (Cuba) (*spoke in Spanish*): The special session of the General Assembly devoted to combating HIV/AIDS, held in June 2001, gave significant political impetus to confront this pandemic. Nevertheless, a vast gap between the rich and the poor and between North and South still prevails in our world. We live in a world where one fifth of the children born in the poorest countries do not live to the age of five, where 50 per cent of all children under five suffer from malnutrition and where 70 per cent of people between 15 and 24 are illiterate. More than a billion people lack low-cost essential drugs, and more than a billion still cannot meet their basic needs for food, sanitation, health care, housing and education.

The HIV/AIDS pandemic is part of that harsh reality. The disease is spreading increasingly, with greater force, among the poorest and most marginalized population with no access to education and health care. It is more concentrated in those countries that are victims of the unjust and unsustainable international economic order, particularly in the high-risk groups of the urban population who endure poverty and marginalization. AIDS is one of the worst consequences of the long and sad history of the exclusion of millions of people.

More than two thirds of the people in the world suffering from HIV/AIDS live in Africa. The situation of that continent is truly tragic. Only a minute fraction of the tens of millions of infected Africans receive the antiretroviral treatment they require. Millions more do not have access to medicine for the treatment of opportunistic infections either.

Cuba has succeeded in containing the pandemic despite the fierce economic, commercial and financial blockade imposed by the Government of the United States, which hinders our access to 50 per cent of the new drugs produced in the world, since they are produced by United States companies or their subsidiaries, which, under the blockade laws, cannot have economic and trade relations with my country.

So far, the epidemic in Cuba has been classified as low-level, and the prevalence in Cuba of infected people aged from 15 to 49 years old is 0.05 per cent: the lowest rate in the Americas and one of the lowest in the world.

Training, social and workplace security and specialized medical care, including antiretroviral treatments and treatments for opportunistic disease, are offered through a comprehensive health-care programme that is free of charge and to which 100 per

cent of persons suffering from HIV/AIDS are entitled. A growing educational programme is being developed as well, which provides for sex education in schools and educational action for vulnerable groups, teenagers and the general population and which includes preventive strategies.

As a result of the experience acquired in the struggle against this pandemic, Cuba has also developed medical care programmes for other third-world countries and for the countries with the highest incidence of the disease. We are deeply convinced that the struggle against HIV/AIDS demands strong international commitment based on a profound feeling of solidarity and cooperation.

Therefore, Cuba reiterates its willingness to participate in a joint international effort to combat HIV/AIDS. In this context, we reiterate the offer we made two years ago in this Hall of 4,000 doctors and other health-care workers to create the infrastructure needed to supply medicine, with the necessary prescriptions and follow-up treatment, to the population; the professors needed to create 20 medical schools, many of whom could be selected from the thousands of Cuban doctors already providing their services in 17 countries in Africa as part of the Comprehensive Health Care Programme; doctors, educational specialists, psychologists and other specialists needed to provide advice and cooperation for campaigns to prevent AIDS and other diseases; equipment and diagnostic kits needed for basic prevention programmes; and antiretroviral treatment for 30,000 patients.

In these uncertain times, some of us still harbour dreams and hopes of a better world where a long, healthy and dignified life is not a utopia. Let us struggle to change the destiny of the millions of people who are fighting, this very minute, for their lives. Let us advocate for an equal and just world, where every man and woman has the right to play a part in development. It is not too late.

The Acting President: I give the floor to His Excellency Mr. Fayssal Mekdad, Chairman of the delegation of the Syrian Arab Republic.

Mr. Mekdad (Syrian Arab Republic) (*spoke in Arabic*): By any standard, our meetings today are a momentous and special event. The fact that an entire day of the fifty-eighth session of the General Assembly has been devoted to following up on the outcome of the twenty-sixth special session of the Assembly and to assessing the implementation of the Declaration of Commitment on HIV/AIDS demonstrates the importance that the international community attaches to combating and containing that deadly scourge. Today we are sharing our expertise, our experience and the lessons we have learned in order to redress the shortcomings and obstacles and, as a result, to be better prepared to deal with this disease, which threatens all aspects of human life and society.

The Government of the Syrian Arab Republic early on became aware of the magnitude of this disease and considers it a source of great concern. Thus, we established in 1987 a national programme to deal with AIDS. In that regard, Syria has established a cross-sectoral national strategic plan, which has led to the establishment of a national committee on AIDS. The committee is making every effort in all areas covered by the Declaration of Commitment on HIV/AIDS. I would like to highlight some of the measures Syria has taken to deal with this epidemic.

First, through education and health communication, we are raising the awareness of young people from 15 to 24 years of age, in and outside of schools. We are also carrying out field studies and preparing manuals and posters on AIDS prevention. We are making use of all our information technologies and media to raise public awareness.

Second, we are involved in cooperation with various sectors to ensure early detection of the disease.

Third, we have put in place programmes to increase the education of high-risk groups.

Fourth, we provide medical care and psychological or social counselling to infected persons and to anyone who wishes to know more about the disease.

Fifth, we provide all necessary medicines to treat AIDS-related opportunistic diseases.

Sixth, we are fighting the causes of the disease by providing health education and counselling on appropriate health behaviour.

Seventh, we are carrying out thorough studies to track and evaluate the disease, by conducting medical surveys and epidemiological studies.

Eighth, we are cooperating with governmental organizations, civil society organizations and the

relevant international organizations, particularly the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Thanks to the efforts of health-care agencies in Syria and the role played by community organizations and social and religious institutions, the incidence of HIV/AIDS in Syria is low. Despite this, there are key obstacles that impede national efforts to achieve the results set forth in the Declaration of Commitment. This involves a lack of human and financial resources to support our efforts.

We reaffirm that the eradication of HIV/AIDS will depend on cooperation among the world's countries and on the support provided to developing and poor countries. This is directly related to worldwide technological progress, progress that will enable us to produce AIDS vaccines. There is also a need to develop medications beyond those currently used. We believe that the efforts made by UNAIDS are essential to international efforts to contain the disease.

We echo the international appeal for support of the countries that are most seriously affected by this disease, particularly the African countries, which are bearing the brunt of this disease. It goes without saying that the disease has a major impact on their economies and their social development. We also reaffirm the need to cancel the external debt of those States so that they can channel their capabilities to fighting the disease.

Finally, we affirm that Syria is fully prepared to do its utmost within the framework of collective efforts to combat this epidemic so we can ensure that humankind has a healthier and brighter future.

The Acting President: I give the floor to His Excellency Mr. Aleg Ivanou, Chairman of the delegation of the Republic of Belarus.

Mr. Ivanou (Belarus) (*spoke in Russian*): The HIV/AIDS epidemic is one of the most serious global threats to contemporary public health care and socio-economic development — and, in certain regions of the world, to security. There are tremendous tasks related to reducing the heavy burden of this epidemic. Protection of the new generation of young people from the disease and premature death is a responsibility of the highest order for the leaders of all countries. Other priorities include strengthening our political will, mobilizing resources and increasing our social obligations at the national, regional and international levels.

In dealing with AIDS, Belarus is actively involved and is cooperating with the United Nations; it is guided by the decisions of the primary international forums under the Organization's auspices, particularly those of the twenty-sixth special session of the General Assembly, on HIV/AIDS. In that regard, primary areas facing the spread of the pandemic in Belarus are included in a national strategy for sustainable development.

Belarus has established a cross-sectoral system and is implementing a strategy to reduce the pace of the spread of HIV. Since 1996 an inter-agency council on the prevention of HIV infection has been operating in the Republic. Under the leadership of the Deputy Prime Minister, a State programme has been established, and a strategic plan of priority actions has been created which includes a number of organizational, legal, preventive, educational and rehabilitation efforts for various categories of the population, including groups which are highly vulnerable to HIV infection.

Belarus has established a nationwide system of agencies to organize work with children, teenagers and youth: groups that are highly vulnerable to HIV infection. Schools and academic institutions in Belarus have social and psychological services that provide diagnosis, consultation and assistance to children and their parents in the areas of sex education and establishing a healthy lifestyle.

Last year, Belarus carried out its first national conference to step up activities in various sectors of society to combat HIV/AIDS; all aspects of the epidemic were addressed.

Currently, Eastern Europe and Central Asia is seeing the highest rate of the spread of HIV/AIDS. At the same time, we are certain that in cooperating with all interested countries and international organizations, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, we can achieve one of the most ambitious goals of the Millennium Declaration that was promulgated in this Hall three years ago.

The Acting President: I give the floor to His Excellency Mr. Tawfeeq Almansoor, Chairman of the delegation of the Kingdom of Bahrain.

Mr. Almansoor (Bahrain) (*spoke in Arabic*): The present meetings have special importance, because they focus on implementation of the goals defined in the Declaration of Commitment on HIV/AIDS, as we set about implementing the outcome of the twenty-sixth special session, on HIV/AIDS, aimed at reducing the rate of HIV infection worldwide.

The Declaration of Commitment on HIV/AIDS, adopted on 27 June 2001 at the special session on HIV/AIDS, constitutes an international commitment to combat this dangerous scourge. Since that time, the international community has become aware of the magnitude of the scourge and has concentrated its efforts in support of national and international programmes to combat this disease.

Progress has been made in dealing with this disease since the first report of the Secretary-General (A/57/227) was issued on 12 August 2002. Despite all of this, the scourge of HIV/AIDS continues to claim many victims, particularly women and children, as well as among the poorest and most vulnerable segments of society.

International statistics show frightening numbers: some 24 million people are infected, most of whom are young and at the most productive phase of their lives.

The negative impact of HIV/AIDS is not limited to the many people who die daily but goes beyond that to affect those who are at the height of their active lives. The disease has torn families apart, weakened the labour force and exhausted the socio-economic structure of societies. The rapid spread of the disease and its contamination of many strata of society has also weakened national development plans. For that reason, the struggle against HIV/AIDS has become the collective responsibility of all countries and peoples; we must redress its negative impact and prevent its spread.

The Declaration of Commitment embodies a working framework that reflects the will of the international community with respect to combating this disease. Genuine political will is required to provide a robust response that is consonant with the need to attain the objectives of the Declaration that we have all adopted and so that we may enhance and carry out our national programmes on a large scale.

Regrettably, current political commitments are not enough. Therefore, political leaders need to take effective and prompt measures commensurate with the rapid spread of this scourge in a number of third-world countries. Not only is there a major need to intensify our efforts locally, regionally and internationally, but we also need to highlight the important roles of civil society and non-governmental organizations in the campaign against HIV/AIDS.

The Kingdom of Bahrain, as a response to the Declaration of Commitment of the special session on HIV/AIDS, has focused all of its efforts through the establishment of a high-level national committee and of civil society associations, within the framework of preventive and treatment programmes to reduce the spread of the disease.

Despite the fact that there is limited infection in Bahrain, we have established a strategic plan to promote activities that would implement the recommendations of the World Health Organization (WHO) and would enhance the national programme to help contain the disease. Thus, I would like to point out that Bahrain has participated in all meetings of the WHO and all other United Nations agencies with respect to HIV/AIDS. The Ministry of Health in Bahrain provides free treatment as well as triple therapy in accordance with WHO standards. We are always trying to find new medications in order to deal with any resistance to treatment.

In terms of prevention, the Kingdom of Bahrain has undertaken all steps to implement preventive measures for care of the sick and people under treatment, and for training doctors in government and private hospitals and health-care centres, where we provide training, workshops and counselling for families.

In addition, the subject of AIDS forms part of school programmes and curricula within the framework of scientific, family and Islamic education. Local associations also hold seminars and workshops dealing with the social aspects of HIV/AIDS prevention. Social counsellors in the Ministry of Education have been trained on how to deal with the disease and on the role of counselling in preventing it. The Ministry of Health has established an educational programme for the active population, working with the Ministry of Public Works and other ministries to avoid the further spread of the disease. We should like to point out that a commission was established in 1988 to provide guidelines for monitoring and supporting AIDS

sufferers and their families within the framework of medical treatment and care programmes.

Today, the international community must conduct an all-out war against HIV/AIDS — a war for which we must provide all the necessary resources. The establishment of The Global Fund under the patronage of the Secretary-General was an excellent idea that deserves support so that we can use every means at our disposal to deal with the disease. Monitoring and follow-up are obviously two very important measures that will help us to successfully implement the Declaration of Commitment.

In conclusion, we hope that these meetings will have a successful outcome in the form of genuine commitment to achieving success in the campaign against AIDS. It is our hope that the disease will someday be contained and eliminated.

The Acting President: I give the floor to His Excellency Mr. Mauricio Solórzano, Chairman of the delegation of the Republic of Nicaragua.

Mr. Solórzano (Nicaragua) (*spoke in Spanish*): I should like to congratulate Mr. Julian Hunte on his election as President of the General Assembly and to express our gratitude for the holding of these important meetings, in which the efforts of many countries in the fight against HIV/AIDS are being assessed.

Nicaragua, like many other countries in the world, has not been spared the scourge of HIV/AIDS. It is primarily our youth — the most important source of human resources — who have suffered the devastation of this illness. We have made significant efforts, adopted prevention programmes and implemented policies in accord with the guidelines of the principal United Nations bodies that are tackling the problem of this disease. In the light of the danger of rising infection levels, we have decided to take more concrete action to control transmission rates. We can highlight the fact that the official Nicaraguan HIV/AIDS register was begun in 1987; since that year a total of 997 cases have been reported.

Within Central America, we have had the fewest recorded cases. It is argued that that is due to the political environment of the 1980s, to the limited migration of that time, to our having regulated anonymous donations of blood and blood derivatives, to prevention interventions carried out by the country since the beginning of the epidemic and to the multisectoral response to it. In 2002, there were 194 reported seropositive cases, comprising 101 HIV infections, 61 AIDS cases and 32 deaths.

Compared with 2001 and 2002, an accelerated advance of the virus has been observed in our country. That underscores the fact that, at the end of 2001, the incidence of the virus was no longer limited to the Pacific zone of Nicaragua but had spread to the Atlantic coast regions, specifically the autonomous northern and southern regions. It is important to stress that the most affected age group is 20 to 34, comprising the most economically and sexually active population. On the other hand, the affected group aged 0 to 4 is also growing because of the increase in mother-to-child transmission, which reached 2 per cent in 2002.

The most frequent transmission mechanism remains sexual activity, representing 88 per cent of cases; in second place is transmission through intravenous drug use, representing 5 per cent; and in third place is mother-to-child transmission, representing 2 per cent. The epidemic is showing accelerated growth in its infection rates given that, in the epidemic's first years, we had a rate of 0.77 per 100,000 inhabitants, and at the end of 2002 we had a rate of 3.63 per 100,000 inhabitants, with the highest incidence among young people. That leads us to believe that in our country, the epidemic, once nascent, is becoming concentrated and generalized in some cases.

In 1987, Nicaragua began its response to AIDS by drafting short-term intervention plans with assistance from the Pan American Health Organization in the form of external cooperation. In the 1990s, we began our medium-term intervention plans, and we have worked out interventions with other cooperative agencies such as the Pan-American Health Organization, the World Health Organization, the United Nations Development Programme, the Japan International Cooperation Agency and the United States Agency for International Development.

More recently, we have coordinated these activities, linking them multisectorally. We have created the AIDS action group and are drafting strategic multisectoral plans for the prevention of sexually transmitted diseases, HIV and AIDS. In 1999, we in Nicaragua approved and presented the national strategic plan to fight sexually transmitted diseases and HIV/AIDS, for 2000 to 2004. The plan was drafted

with the support of organized civil society, the governmental sector and the private sector, with international assistance and cooperation from international bodies. The plan is now in force. It contains the following eight strategies: strengthening the country's existing cooperation networks; defining national policies to promote human rights and to guarantee equality — in accordance with Law 238 and the principle of non-discrimination — in the national response to the epidemic; designing and implementing actions aimed at securing and managing financial resources to implement the plan; designing and implementing a plan to prevent sexually transmitted diseases and HIV/AIDS among the population; preventing and controlling sexually transmitted diseases; guaranteeing a safe supply of blood and blood derivatives; adopting a comprehensive approach in public and private health services for people living with HIV/AIDS; and finally, strengthening the national system of epidemiological monitoring for sexually transmitted diseases and HIV/AIDS at all its levels and in all health subsectors. Also in 1999, we adopted Law 238 to promote, protect and defend the human rights of those with AIDS, which led to the establishment of the Nicaraguan AIDS commission, established in September 2000.

Nicaragua recognizes that the path still to be travelled is very long. Nevertheless, the Government is coordinating even more effective efforts to control the disease in the hope that one day we will eradicate this scourge in our Nicaragua.

The Acting President: I give the floor to His Excellency Mr. Lemuel Stanilaus, Chairman of the delegation of Grenada.

Mr. Stanilaus (Grenada): Because the night is far spent, and because much has been written and spoken about the HIV/AIDS pandemic with which the Grenada delegation readily concurs — especially the substantive and eloquent statement made by Prime Minister Owen Arthur of Barbados — my delegation will limit its short contribution mainly to prevention, the first line of defence against HIV/AIDS.

The age-old adage that an ounce of prevention is worth a pound of cure is the underpinning of good physical and mental health. Following that sensible advice reduces the pain and suffering and time and financial loss caused by illness generally. Add to this the case of HIV/AIDS — the stigma, the rejection, the conspiracy of silence based on ignorance, the high mortality — and you have the makings of a human tragedy of immeasurable proportions.

General Assembly resolution S-26/2 of 27 June 2001, entitled Declaration of Commitment on HIV/AIDS, one of whose sections is entitled "Prevention must be the mainstay of our response", is the focus of my delegation's statement on this global scourge. My delegation compliments the Joint United Nations Programme on HIV/AIDS (UNAIDS) office here on its embrace of "The ABC of AIDS prevention and care". A stands for abstinence, B stands for be faithful and C stands for condomize. The alarming global statistics with respect to morbidity and mortality among people who are sexually active demand that every attempt be made to change behavioural habits through education, by stressing the ABC of AIDS prevention and care, with emphasis on abstinence and fidelity.

Today, when young people are bombarded by the ideology of free sex, which is as commonplace as a handshake, who will deny that the first line of defence against HIV/AIDS is abstinence, which, additionally, must be held up to teenagers as a virtue and as worthy of emulation? However, because stressing abstinence and education gives the appearance of promoting morality and moral rectitude, we tend to de-emphasize the safest, the surest and the most foolproof guarantee of HIV/AIDS prevention.

An ounce of prevention is worth a pound of cure today, tomorrow and in the future. We should therefore accentuate the positive aspects of health in the education of our children. In that connection, the international community can take a page from Uganda and Senegal, whose success stories have turned the tide in the affairs of young people.

Finally, our hearts go out to the widows, widowers and orphans — and especially to the grandparents, who, in the twilight and sunset of their lives, have become parents again.

The Acting President: I now give the floor to Mrs. Anna Marzec-Boguslawska, Director of the National AIDS Centre of Poland and Chairperson of the delegation of Poland.

Mrs. Marzec-Boguslawska (Poland): The HIV epidemic appeared in Poland in the 1980s. Despite the stable epidemiological situation with respect to HIV

infections observed in Poland over the past years, about 8,200 HIV infections have been detected in our country since 1985, among a population of almost 39 million. However, there are an estimated 15,000 to 20,000 people living with HIV/AIDS in Poland. It is worth mentioning that in recent years we have observed a changing profile of the epidemic, with an increased number of people infected through heterosexual behaviour.

In spite of the well-known difficulties all over the world, we are making every effort to maintain the effectiveness and variety of our preventive activities. Training, publications, education activities and large-scale multimedia campaigns explaining the complexity of the issue of HIV/AIDS to different target groups of people are organized very frequently. Continuing education for medical professionals, social workers and therapists in the field of HIV/AIDS is provided within the framework of a national strategy. The main goal of our approach is the gradual development of a stable national policy on the management of HIV- and AIDS-related issues.

Since 1996, prevention, treatment and support have been carried out in Poland on the basis of our national programme of prevention of HIV infections and care offered to people living with HIV and AIDS, which was adopted by the Government and the Parliament. The programme is a strategic document that determines the State's multisectoral policy on HIV/AIDS. It is mainly aimed at limiting the spread of HIV infection in Poland as well as at improving the quality of and access to care for people living with HIV and AIDS. It must be pointed out that gender equality constitutes a fundamental element of the entire programme. Among other issues, particular attention has been paid in the programme to educating society and ensuring high safety standards of blood and blood-replacing agents.

One of the core issues in our common fight against HIV/AIDS is the constant updating and introduction of international clinical guidelines for the care of people living with HIV and AIDS.

A very unique and valuable feature of our national programme is its multilevel structure. The main objective of setting up regional coordinators was to ensure the decentralization of HIV/AIDS-prevention activities and the mainstreaming of HIV/AIDS-related issues, including effective cooperation between local governments and non-governmental organizations on the local authorities' agendas.

Preventing transmission of HIV and reducing the impact of HIV/AIDS in Poland fully ensures the protection and promotion of human rights. Since the beginning of the 1990s, our country has significantly contributed to the human rights-based approach to HIV and AIDS at the international level by submitting a draft resolution every two years on the protection of human rights in the context of HIV and AIDS at the sessions of the Commission on Human Rights.

People living with HIV/AIDS in Poland have had access to specialized treatment since 1996. All patients who meet the relevant clinical criteria receive free antiretroviral treatment. The Minister of Health has earmarked $15 million for antiretroviral therapy for 2003.

Model testing centres have been operating in Poland since 1997, offering anonymous, free tests as well as pre- and post-test counselling. In order to prevent social and health damage linked to intravenous drug use, the exchange of needles and syringes has been practised in Poland since 1991. Methadone-based substitution therapy started in 1997. About 700 people are in the programme, and those who meet the criteria receive free highly active antiretroviral therapy. Incarcerated persons also have the same access to the antiretroviral treatment. In order to reduce mother-to-child transmission, all pregnant women with known seropositivity receive antiretroviral prophylactics. As a result of this, the rate of vertical transmission since 1989 has decreased by as much as a factor of 40. That extraordinary effect has been achieved thanks to the firm HIV/AIDS policy of the Government as well as the genuine determination and dedication of medical staff.

The role of non-governmental organizations and local authorities in the process of tackling HIV/AIDS has never been underestimated in Poland. From the very beginning of the epidemic, the Polish Government focused on the promotion and funding of cross-disciplinary initiatives among all related governmental agencies, non-governmental organizations and other civil society partners.

Let me take this opportunity to stress that the implementation of the Declaration of Commitment, despite all the difficulties and obstacles we are facing,

has led to significant progress in the prevention and eradication of HIV/AIDS.

Poland declares that it stands ready to share all its experience with other members of the international community and will be most grateful to learn from them in order to multiply our efforts in fighting HIV/AIDS on a global scale.

The Acting President: I now give the floor to His Excellency Mr. Clifford Sibusiso Mamba, Chairman of the delegation of the Kingdom of Swaziland.

Mr. Mamba (Swaziland): The Kingdom of Swaziland remains committed to the implementation of the targets set by the Declaration of Commitment on HIV/AIDS adopted at the General Assembly special session on 27 June 2001. We remain committed to effectively addressing the increasing HIV/AIDS problem that has seen our country rank amongst the top five most heavily affected in the world.

Regrettably, Swaziland has not been able to meet all the goals set out for 2003 in the Declaration of Commitment. To a large extent, that has been due to insufficient financial resources. The major challenges faced by the kingdom due to the HIV/AIDS situation include the fact that the epidemic continues to spread. Furthermore, the situation has become a humanitarian crisis as it has resulted in a diversion of resources from other areas of need. There has been an unprecedented increase in the number of orphans and other vulnerable children. Most of the health facilities are in dilapidated condition and require upgrading.

There has been a significant increase, specifically for HIV/AIDS, in the budgetary allocation, and a national coordinating mechanism at the highest level of government has been established. His Majesty King Mswati III is personally involved in supporting national efforts, through advocacy and resource mobilization. Different sectors have been engaged in the national response. These are the private sector, civil society groupings and organizations, people living with HIV/AIDS, cultural groupings, youth and faith-based organizations and the traditional healing systems.

The financial assistance granted by the Global Fund came as a major boost to our national response to HIV/AIDS. The resources from the Global Fund will enhance the concerted efforts of the Government, civil society and the private sector and the technical support provided by UNAIDS and other donors. The disbursement of the initial resources from the Global Fund in August 2003 has increased the hope of thousands of the affected and infected population. The increase in available resources will help us scale up activities and implement more strategies than otherwise would have been possible.

The country is in the process of initiating a mass mobilization of population groups and sectors for an enhanced response. National traditional ceremonies involving youth, women and men provide an opportunity for such activities. These events bring together a number of the population groups, thus making it possible to engage in mass mobilization of the population. A historical forum has been undertaken bringing together all religious groupings to engage in dialogue on their role in the national response.

It should be further acknowledged that prevention strategies will be scaled up as well, targeting behaviour change through encouraging abstinence among the young and further curtailing the spread of HIV/AIDS through parent-to-child transmission and accidental occupational exposure.

The availability of resources from the Global Fund is also making it possible for the country to try home-grown solutions for responding to the epidemic. They include the revival of traditional and cultural safety nets at the community level, such as in the provision of support to orphans and vulnerable persons through communal care and support efforts, which include provision for basic needs, and through addressing the problem of declining literacy levels among the young.

The Government, with the Turner Foundation, has initiated the establishment of youth-friendly services in the kingdom with a view to decreasing risky behaviour among the youth. This programme specially targets the girl child in an attempt to reduce the vulnerability of girls.

Let me conclude by expressing the gratitude of the Government and the people of the Kingdom of Swaziland, particularly those who are infected and affected by HIV/AIDS, to all those that have donated to the Global Fund and to all other programmes and individual efforts that assist countries like Swaziland in their national efforts at alleviating the problems brought about by this disease. We encourage them not only to continue providing such assistance, but to work

towards meeting the set targets, as the task ahead remains enormous.

The Declaration of Commitment adopted in 2001 has, to a large extent, not been fully implemented due to insufficient resources. In his report on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/58/184), which is before us today, the Secretary-General offers a set of recommendations, which we must study carefully and endorse for our future road map. For those reasons and more, we ought to remain committed to achieving the goals we have set. Collectively, we can achieve those goals.

The Acting President: I give the floor to His Excellency Mr. Luis Gallegos Chiriboga, Chairman of the delegation of the Republic of Ecuador.

Mr. Gallegos Chiriboga (Ecuador) (*spoke in Spanish*): Among the major questions regarding acquired immunodeficiency syndrome (AIDS) are its origin and causes, and how it became the epidemic which has spread to the point that it has become one of the worst pandemics ever to affect mankind. The crisis generated by HIV/AIDS flourishes in environments of poverty, social disintegration and ignorance. Economic difficulties, external debt and adjustments have been aggravating elements for the crisis, which has grown faster than education and prevention.

The Declaration of Commitment on HIV/AIDS, adopted by the General Assembly in June 2001, is an important step forward and a landmark in our struggle to combat this scourge since it reflects the sensitivity and the awareness of the international community faced with the undeniable global dimension of the problem. It shows, moreover, an interest in joining together to fight this evil, which is afflicting all mankind.

My delegation welcomes the report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/58/184). We can see that the Declaration has been widely accepted and has become a basic tool for strengthening and speeding up global response and in promoting more responsible and transparent management in this area. However, despite the fact that significant progress has been made in implementing policies aimed at reducing the rate of infection, serious problems still exist. Our efforts have been insufficient in this lengthy and difficult struggle to achieve the proposed objectives.

My Government supports efforts developed by the United Nations system to respond effectively to the problems posed by this virus and is pleased to note the commitment shown by political leaders of developed and developing countries. This is proof of the growing general awareness of the problem. It is extremely gratifying to note that investments in HIV/AIDS programmes in low- and medium-income developing countries have increased significantly over the past year and that the Global Fund to Fight AIDS, Tuberculosis and Malaria is now becoming a viable mechanism for financing HIV/AIDS programmes and other health programmes in developing countries.

My delegation notes with concern the limited progress achieved in the area of human rights and that the stigma associated with HIV/AIDS could be an impediment to providing an effective global response to the epidemic. In addition, we are concerned that the trends indicate that global financial resources to combat AIDS will leave us $10.5 billion short by 2005. Similarly, increased vulnerability to AIDS among women, teenage girls and girl children due to economic, social and legal situations deserves special attention.

Ecuador is particularly interested in prevention and protection activities developed by the United Nations and continues to move forward with projects to prevent and reduce the spread of the disease. However, the shortage of material and financial resources make international cooperation with my country essential.

I wish to reiterate the commitment that the Government of Ecuador made at the special session of the General Assembly in 2001, when we reaffirmed our responsibility to individuals living with HIV/AIDS in order to insure safe access to appropriate health services. In this context, we feel it is imperative for all individuals infected with the virus to be able to exercise fully their right to access to low-cost drugs which will help them fight the epidemic.

In accordance with the outcome of the 2001 special session on HIV/AIDS, my Government has drafted a national strategic plan on HIV/AIDS for 2001 to 2003. It focuses on the following strategic areas: establishing a programme of services for those who are HIV-positive, strengthening mother-child care in the area of HIV/AIDS, increasing the number of users of

special services and establishing conditions for improving access to necessary medication. Ecuador considers in particular that developed countries should provide access to low-cost medications for infected persons, as part of the fight against the epidemic.

Allow me finally to call on the international community to continue its efforts in the fight against this scourge which has serious economic and social consequences for all of mankind.

The Acting President: I give the floor to His Excellency Mr. Abdulaziz Al-Shamsi, Chairman of the delegation of the United Arab Emirates.

Mr. Al-Shamsi (United Arab Emirates) (*spoke in Arabic*): Allow me at the outset to congratulate Mr. Julian Hunte on his election to the presidency of the fifty-eighth session of the General Assembly. We are confident that his expertise and diplomatic skills will enable him to guide the work of these high-level meetings on the HIV/AIDS pandemic with efficiency and success. I also would like to express our appreciation to the Secretary-General for his unyielding personal efforts to combat HIV/AIDS.

After reviewing the report of the Secretary-General (A/58/184) and other international reports on follow-up of the Declaration of Commitment on HIV/AIDS, it has become clear to us that HIV/AIDS still represents one of the biggest obstacles to international and national efforts to attain sustainable development and the Millennium Goals. It also poses a clear threat to international peace and security.

Since the discovery of AIDS more than 20 years ago, it has infected over 60 million people, of all races, classes, cultures and economic levels. It is the fourth greatest cause of death in the world.

The United Arab Emirates is deeply concerned about the continuing increase in the rate of infection worldwide, and particularly in African countries. Reports by observers of the spread of the disease indicate that there will be an estimated 45 million new cases of AIDS between 2002 and 2010. Most of these cases will occur in developing and poor countries, which are already suffering from abject poverty, illiteracy and armed conflict. The disease kills millions in the workforce, infects millions of children under 16 and creates millions of orphans, which leads to further deterioration of the economy and living conditions of these countries. It leads also to more poverty, despair and violence.

We therefore stress the importance of mobilizing international and regional efforts to implement the recommendations and plans of action of the conferences on development, and especially to fulfil the commitments by developed and donor countries to facilitate the flow of financial, technical and developmental assistance to developing and poor countries, in particular African countries, which are the most affected by the disease. We must also settle their external debts so they can have the resources and a secure economic, political and social environment in which to implement national strategies to combat AIDS and overcome its tragic effects.

Furthermore, we reiterate the importance of facilitating easy access by these countries to drugs and medications to treat the disease, on terms suited to their financial situation. We also reaffirm the importance of enhancing preventive measures, especially in terms of public awareness and limiting behaviours that contribute to infection and to the spread of the disease.

The United Arab Emirates has adopted national and regional strategies aimed at preventing AIDS since it was discovered more than 20 years ago. It has succeeded, through the national AIDS prevention programme launched by the Ministry of Health in 1985, in reducing the number of HIV cases to the lowest in the world, with no demonstrable increase over the past two decades, as was reported in a World Health Organization (WHO) report on the United Arab Emirates and neighbouring countries.

We believe that our laws, which are derived from the spirit of Islamic Shariah and the social traditions and practices that prohibit certain behaviours leading to the spread of the disease — such as illegal sexual relations, drug abuse and trafficking in women — have to a great extent contributed to this low number of cases, along with the measures adopted by the national programme to control and monitor the entry into the country of AIDS patients from abroad, and to monitor laboratory workers, hospital patients and those who work in blood banks and pregnancy clinics.

Last July, we hosted in Abu Dhabi the Regional Meeting for the HIV/AIDS and STD Surveillance and Monitoring of National Aids Programmes.

Finally, the United Arab Emirates hopes that international efforts through the United Nations, combined with national efforts, will be able to win the fight against this pandemic and find practical solutions to impede its spread and eventually eliminate it.

The Acting President: I now give the floor to Her Excellency Mrs. Dolores Balderamos-García, Chairperson of the delegation and Special Envoy for Children, Gender Affairs and HIV/AIDS, Ministry of Human Development, Local Government and Labour of Belize.

Ms. Balderamos-García (Belize): We came to the United Nations in 2001 fully aware of the extreme challenge we faced as a world community. The picture was bleak, and we set about changing the world. In the face of a pandemic with the severity of HIV/AIDS, this task remains one of the most crucial undertakings of our generation. Since then, more of our children are suffering from HIV/AIDS; more of our people have died; and we find ourselves expending more and more funds to tackle the effects of this pandemic. Yet today, as a result of our collective efforts, we can celebrate the gains we have made in the past two years.

It is estimated that, in the Caribbean and in Latin America, 1.6 million people are living with HIV/AIDS. The Caribbean, now the second most affected region in the world, averages approximately a 2 per cent prevalence rate among adults, a figure mirrored in the local reality of my country, Belize. Belize is thus both witness and subject to the ravages of HIV/AIDS in our region.

In the face of this enormous challenge, my delegation returns to the United Nations to offer the assurance of the Government of Belize that it will continue to engage in the global fight against HIV/AIDS.

In Belize, HIV/AIDS has been declared one of the greatest health and human development challenges. Our Prime Minister, The Honourable Said Musa, responded by establishing the National AIDS Commission, our country's coordinating mechanism, and has now placed it under the authority of his Office. We have developed a multisectoral approach in our strategic plan to address this pandemic. The success of this multisectoral strategy has been manifested in enlarged and strengthened partnerships with non-governmental organizations, community-based organizations and the private sector. In addition, in a recently held Youth Parliament, we saw the increased involvement and participation of young people in spreading the message of prevention.

We continue, however, to face such obstacles as stigma and discrimination towards persons living with HIV/AIDS. As a result, the face of HIV/AIDS is still largely hidden. To overcome this will require greater involvement by all sectors as well as a more strategic response from those already participating.

We are also in the process of enacting HIV/AIDS legislation and will shortly pass a law incorporating the National AIDS Commission as a statutory body. This is an important step in the implementation of our strategic plan.

In the area of resource mobilization, local funding has been increased, and we are receiving greater external cooperation — though not nearly enough. While we acknowledge the support of agencies such as the Caribbean Development Bank, the United Nations Population Fund, the International Labour Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS), we are concerned about the slow progress of the implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. We must all do more to realize the goal set for that Fund, for we realize that to do otherwise could be deadly.

Through our Ministry of Health, the programme on the prevention of mother-to-child transmission is achieving some success. In addition, we have started to provide antiretroviral medication to persons in need. Voluntary counselling and testing centres have also opened, and we continue to increase our activities to bring greater awareness of prevention methods and safe practices.

When we assess the social and economic impact of HIV/AIDS in Belize, we realize that the vast majority of those infected are at their most productive stage in life. Their contribution to our sustainable development is indispensable. Responsible governance cannot tolerate such a loss; we must do more to protect this valuable resource. At the same time, we are aware that reversing the present trend will require an inclusive and well-coordinated effort with the participation and support of all levels of society.

In this context, we are pleased at the outcome of the recently concluded planning workshop on managing the impact of HIV/AIDS on public-sector

human resources in the Caribbean, sponsored by the Commonwealth Secretariat.

We have not returned to the United Nations to restate known facts and express lamentations. We know the problems, and we are aware of them. We make our commitment even stronger at all levels. The situation is serious, but we will do what needs to be done to reverse it. This we will accomplish in solidarity with our developing and developed partners, so that together we can prevail in our fight against HIV/AIDS.

The Acting President: I give the floor to His Excellency Mr. Isaac Lamba, chairman of the delegation of the Republic of Malawi.

Mr. Lamba (Malawi): On behalf of the Malawi delegation, I would like to join other speakers in thanking the Secretary-General for having convened this meeting to take stock of our progress in the fight against the HIV/AIDS pandemic.

The interplay between poverty, famine and HIV/AIDS necessitates new approaches that must integrate HIV/AIDS into national and international humanitarian responses. For sub-Saharan Africa, and, indeed, for Malawi, HIV/AIDS is a humanitarian crisis of a complex nature, which is undermining years of hard-won gains in economic and social development.

The Government of Malawi remains fully and strongly committed to the fight against HIV/AIDS. The President himself, Mr. Bakili Muluzi, has personally taken the lead in championing the national HIV/AIDS response, to demonstrate political will. That response has further been strengthened by the establishment of a ministerial portfolio responsible for HIV/AIDS programmes to collaborate with existing institutional structures, which include the Cabinet Committee on HIV/AIDS, the Parliamentary Committee on HIV/AIDS, and a Board of Commissioners responsible for the National AIDS Commission. Those three structures provide the political framework for networking with the public and private sectors and civil society, as well as the faith-based sector.

In keeping with the principle of respect for human rights and fundamental freedoms, the Government of Malawi has come up with an HIV/AIDS policy which provides a legal and administrative framework and aims to meet the special needs of women, men and children living with HIV/AIDS, orphans and other marginalized groups.

This year, the Malawi Government launched a nationwide programme on the prevention of mother-to-child transmission of HIV. Furthermore, although only 1.8 per cent of Malawians with advanced HIV/AIDS infection are estimated to be receiving ARV combination therapy, the Government of Malawi has been successful in its efforts to secure assistance from the Global Fund, among other donors, to roll out and scale up treatment of HIV/AIDS-related infections.

Despite all these bold efforts and high-level national commitments on our part to fight this scourge, statistics on trends in prevalence, morbidity, mortality and the number of orphans have continued to show disturbing results. For example, data from the 2001 sentinel surveillance report revealed a national adult HIV prevalence rate of 15 per cent — 25 per cent in the urban areas and 13 per cent in the rural areas. The risk of mother-to-child transmission of HIV remains very high, with an estimated 27 per cent of infants born to HIV-infected mothers becoming infected.

I am, however, encouraged to report high levels of HIV awareness and knowledge among our population, with more than 85 per cent of the 15-24 age group becoming very much aware of what is meant by HIV/AIDS. About 35 per cent of people aged 15 to 24 reported the use of condoms with casual partners, a substantial increase from the 1996 data. It is also gratifying to observe that HIV prevalence estimates in the adult population have more or less stabilized at 15 per cent for nearly three consecutive years.

My delegation is encouraged at the increasing donor support for the national HIV/AIDS response.

The United Nations agencies, the Canadian International Development Agency, the Swedish International Development Cooperation Agency, the Norwegian Agency for Development Cooperation, the United Kingdom Department for International Development, the United States Centers for Disease Control and Prevention, the United States Agency for International Development and the World Bank, through the Multicountry AIDS Programme, among others, have assisted Malawi in coming up with various programmes which have led to significant gains in HIV/AIDS education and awareness among the people.

In conclusion, my Government continues to derive encouragement from the concerted efforts that currently are being exerted at the national, regional and

international levels. The fight is a hard one, but it must be won, and we can all win if we are all together.

The Acting President: I now give the floor to Mr. Alfred Capelle, Chairman of the delegation of the Republic of the Marshall Islands.

Mr. Capelle (Marshall Islands): I am honoured to deliver this statement on behalf of the Republic of the Marshall Islands. Two years ago, the Marshall Islands participated in the twenty-sixth special session of the General Assembly and joined in declaring a global commitment to address the HIV/AIDS crisis.

Not long ago, HIV/AIDS was considered a new and alarming disease, affecting countries outside the Pacific region. Today, HIV/AIDS has crossed all borders. It is now a major concern for the countries of the Pacific region, including the Marshall Islands. The number of registered cases in the Marshall Islands may be low in comparison to many other areas of the world. However, with our very small population and high rates of sexually transmitted diseases, the risk of the virus spreading is a matter of great concern to our Government and our people. The potential social and economic consequences pose a particularly grave threat to small island communities such as our own.

The vulnerability of our people to the risk of infection is intensified due to various factors, including high mobility within and across our borders, risky lifestyle choices of our youth, who constitute a high percentage of the population, and traditional cultural barriers that prevent open discussion about sexual behaviours.

Although the Marshall Islands is a small country, the spread of the population across many remote islands presents an additional challenge in terms of reaching the groups most vulnerable to HIV/AIDS, which are women and children. In attempting to reach all members of the community, but particularly those most vulnerable groups, we have focused our efforts on increasing local community participation in HIV/AIDS education and prevention. We encourage the active, ongoing involvement of non-governmental organizations, churches, women's groups and other stakeholders.

The Marshall Islands has a public health system with very limited capabilities stemming from restricted financial resources, a lack of adequate infrastructure and a weak technical capacity. Because of restricted laboratory facilities, blood samples must be sent out of the country for testing, a process that is far too time-consuming considering the rapid pace at which the virus can spread. There is also an urgent need for medical staff to receive training on HIV/AIDS treatment, care and prevention.

As in many other small developing countries, the costs of effectively combating HIV/AIDS are more than our struggling health system can sustain. We appeal to countries with experience in combating the disease to share their experience on best practices and to offer financial and technical assistance to developing countries in need of medical resources, capacity-building, staff training and policy development.

Among the many health concerns in the Marshall Islands, HIV/AIDS poses the greatest threat. The Government of the Marshall Islands is committed to addressing this threat by enhancing its efforts to develop and implement appropriate health, education and social policies. We welcome assistance from the international community in that regard. Despite the many challenges faced at the national and local levels, the Marshall Islands reaffirms its commitment to support global efforts to combat HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Stafford Neil, Chairman of the delegation of Jamaica.

Mr. Neil (Jamaica): The grave implications of the HIV/AIDS pandemic for long-term human survival and for the socio-economic development of countries all over the world require us to come together to find urgent solutions. Against that background, my delegation views with grave concern what is reflected in the Secretary-General's report before us (A/58/184): that the financial, technical and human resources needed to fight HIV/AIDS remain below the required levels. This situation is worrying and places in jeopardy the effectiveness of national and regional efforts to combat the spread of the disease.

The issue of adequate resources is critical for the expansion of access to treatment and care in developing countries, as well as for the sustainability of the progress achieved to date. In Jamaica, for example, the high cost of antiretroviral drugs remains a major problem. While the Government has been able to successfully negotiate with leading pharmaceutical companies for some reduction in the price of these drugs, costs are still a significant problem.

We acknowledge the efforts made with respect to the establishment of the Global Fund to provide additional resources, and we welcome the agreement reached within the World Trade Organization to give developing countries greater access to cheaper medicines, but much remains to be done to move the process forward. Accordingly, we underscore the need for support to be given to developing countries to effectively utilize this mechanism, so that drugs can be provided to those suffering from HIV/AIDS. We would also wish to encourage greater investment in research and development on HIV/AIDS, and we urge greater financial support of the Global Fund.

Combating the spread of HIV/AIDS requires a coordinated and collaborative response and the strengthening of links between Governments and civil society. We believe that this will facilitate and promote a multisectoral and participatory approach to fighting the pandemic. We acknowledge that there are challenges to attaining this objective, in the light of the varying cultural and gender dimensions of the HIV/AIDS pandemic. But Jamaica is confident that this kind of collaboration can provide meaningful results.

One of the issues we hope it will advance is the protection of the human rights of those living with HIV/AIDS, as well as a greater emphasis on the special needs of children orphaned by the disease.

Developing this broad based approach to HIV/AIDS has become a central feature of Jamaica's response. The national strategic plan for the period 2002 to 2006 has as one of its goals the development of an effective multisectoral response to HIV/AIDS, with special emphasis on preventive programmes which promote behavioural change and target vulnerable groups within the society through media campaigns, educational materials and outreach programmes, with the participation of persons living with HIV/AIDS.

In addition, there is a programme on HIV mother-to-child transmission currently being expanded to parishes all over the island, and there are centres providing free HIV testing and counselling. These efforts are reinforced at the regional level, within the context of the Caribbean Regional Strategic Framework aimed at mitigating the consequences of the disease at both the national and regional levels through the development of regional plans of action.

Jamaica will continue to make its contribution to this critical international campaign. As Members of the United Nations, we are all charged with creating a viable future for our own as well as succeeding generations. Let us not falter in fulfilling that obligation.

The Acting President: I call on His Excellency Mr Murari Raj Sharma, Chairman of the delegation of the Kingdom of Nepal.

Mr. Sharma (Nepal): Today 42 million people are living with HIV/AIDS. In 2002 alone, 5 million new infections occurred, half of them in people aged 15 to 24 and more than 95 per cent in developing countries; 3.1 million infected persons died. Those are staggering statistics that call for an urgent, massive and coordinated response.

The Declaration of Commitment on HIV/AIDS, adopted by the special session of the General Assembly in 2001, has scaled up the efforts of the global community to combat the disease and has provided one more tool to advance goal six of the Millennium Development Goals.

We take heart that the Joint United Nations Programme on HIV/AIDS (UNAIDS) and a number of other United Nations agencies have been working with Member States at the front lines in the global fight against HIV/AIDS. The Global Fund to Fight AIDS, Tuberculosis and Malaria has helped reinforce the fight significantly. More than 140 countries now have programmes to tackle this epidemic.

We welcome the first contributions announced here today by the United States and the European Union. This marks one step forward in our collective effort to tackle HIV/AIDS. Despite all that progress, however, HIV/AIDS continues to fan out to new countries and to claim new victims.

Nepal is an example of where the epidemic is spreading like wildfire. With the first case detected in 1988, Nepal had, according to World Bank estimates, more than 30,000 infected people by September 2000. Some other estimates put the figure at a much higher level. Nearly 3,000 people die from this disease every year. The prevalence rate exceeds 50 per cent among intravenous drug users and 70 per cent among sex workers.

Nepal is fully committed to fighting HIV/AIDS in our country, but constrained resources seriously hamper our efforts. For instance, we have established a national centre and adopted a national policy in 1995

and a national strategy in 1997 to combat this disease. A high-level national council has been set up, chaired by the Prime Minister, with the broader participation of civil society to help implement the national policy and strategy.

Prevention of the disease, as well as treatment of and support to its victims, is critical to reverse the surge of the HIV/AIDS pandemic. In the current 5 and 10 year plans, Nepal has accorded priority to prevention through the creation of awareness, embracing a multisectoral approach. We have allocated resources, within our capacity, to implement various programmes in this area.

As the problem has regional dimensions, due to Nepal's close links with high-prevalence countries and areas, we have underlined regional cooperation as one of the key elements of our strategy to combat HIV/AIDS. In that context, I thank UNAIDS and the United Nations Children's Fund for organizing a high-level regional meeting on HIV/AIDS in Kathmandu last February.

Gaps between the needed and available resources remain painfully wide. Given the limited resources at its disposal, Nepal needs resources to carry out the prevention strategy, as well as to treat and support victims. So does South Asia in general.

We therefore call on the international community to generously contribute to the Global Fund and to United Nations agencies, as well as to make antiretroviral drugs available and affordable for victims in poor countries.

Despite tremendous scientific progress, the HIV/AIDS epidemic remains a terrible misfortune, a challenge to human society and a bleak threat to human dignity and existence. We share the anguish and suffering of those living with HIV/AIDS. Let us reaffirm once again our commitment to fight HIV/AIDS through concerted global action and to save the world from this terrible epidemic.

The Acting President: I call on Her Excellency Ms. Susana Rivero, chairman of the delegation of Uruguay.

Ms. Rivero (Uruguay) (*spoke in Spanish*): As a member of the Rio Group, Uruguay associates itself with the statement made by Peru on behalf of the Group.

In Uruguay, the 2002-2003 strategic plan formulated by the National AIDS Programme is aimed at regulating, implementing and evaluating the development of HIV/AIDS prevention and treatment policies. Its guiding principles are the promotion of and respect for human rights and the ethical principles that ensure the right to health and non-discrimination, with a view to achieving three key objectives: to prevent new infections, to reduce the negative personal and social impact of HIV/AIDS, and to mobilize and coordinate efforts to combat the disease.

As of June 2003, in Uruguay 7,018 cases had been reported mainly among vulnerable groups. Of these, 4,855 were carriers and 2,163 infected persons; 1,233 have died. A large number of affected persons face serious social problems, such as unemployment, discrimination, poverty and family dysfunction. In order to fight discrimination and prejudice, solidarity and respect for human rights are promoted among workers and employers through educational and information programmes. As a way of reducing the negative personal and social impact of the epidemic and thanks to the use of generic drugs, 100 per cent coverage of antiretroviral therapy was begun in 1996, so that all AIDS patients in Uruguay now receive equal treatment, regardless of their social and economic situation.

However, the main objective of the strategic plan is the prevention of new infections, particularly among young people and adolescents, vulnerable groups, women, from mother-to-child transmission, and in the health-care environment.

Among the most important actions to be taken to that end are increasing information, sex education, promoting and developing healthful sexual behaviours — including condom use — from a gender perspective and raising young people's awareness of the relationship between alcohol and drug abuse and risky behaviours.

More than 50 per cent of the reported cases in our country affect young people between the ages of 15 and 34, who were infected in adolescence. That is why joint efforts among the National Youth Institute, the National Institute for Minors and non-governmental organizations working with children and young people are essential.

With regard to prevention among women, although women in Uruguay fell victim to the epidemic

at a later stage in its development, currently the incidence among women is steadily rising, owing to a change in the pattern of infection. Last year, women represented 30 per cent of all reported cases in the 15 to 34 age group — that is, at the height of fertility. Therefore, policies are being implemented to promote women's participation in the design, execution and evaluation of programmes and to train health personnel in prevention from a gender perspective. With respect to mother-to-child transmission, in our country the incidence of such transmission without intervention had been 25 per cent. Thanks to the introduction of antiretroviral treatments in 1997, we were able to reduce it to 4 per cent in 2002.

Our challenge consists not only in undertaking the formidable effort required for capacity-building, but also in maintaining such capacities among all involved actors for sustained action to tackle the multidimensional problems posed by HIV/AIDS. For a developing country like Uruguay, the implementation of a strategic plan on this scale is a titanic task, particularly considering that the country suffered the worst economic crisis in its history last year.

The effectiveness of these actions depends on commitment and political resolve, on intra- and inter-institutional cooperation and on the availability of the resources necessary to fund a forceful national response to the epidemic. Therefore, we recognize in particular the cooperation received through, for example, the Joint United Nations Programme on HIV/AIDS, the Pan American Health Organization, the United Nations Children's Fund, the United Nations Educational, Scientific and Cultural Organization and the Inter-American Development Bank, as well as the cooperation of France and Spain, without which it would be very difficult to mobilize and coordinate so many anti-HIV/AIDS efforts and actions. Likewise, we highlight civil society's active and resolute participation through the network of Uruguayan non-governmental organizations, particularly those that bring together persons living with HIV.

Uruguay remains committed in the fight against HIV/AIDS and ready to work domestically, regionally and with the entire international community to reach all established goals that will enable us to free humanity from this epidemic.

The Acting President: I give the floor to His Excellency Mr. Teruneh Zenna, Chairman of the delegation of the Federal Democratic Republic of Ethiopia.

Mr. Zenna (Ethiopia): Let me take this opportunity to thank the Secretary-General for the lucid and concise report (A/58/184) before us. The report allows us to evaluate the progress made towards the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) since its adoption in June 2001 at the twenty-sixth special session of the General Assembly.

As detailed in the Secretary-General's report, significant progress has been made in the global response to HIV/AIDS. It is encouraging to note that all countries now have multisectoral HIV/AIDS strategic plans and have established national AIDS councils chaired at the highest levels of Government. Commitment on cross-country cooperation to fight the epidemic has also been enhanced among regional political bodies.

Despite those achievements, HIV/AIDS is becoming more alarming in its devastating effect on socio-economic development in some affected sub-Saharan African countries. HIV infection rates continue to rise, and the meagre institutional capacity to fight the epidemic is being seriously undermined. It is therefore time for the international community to intensify its efforts to raise the HIV/AIDS response to the level required in the subregion. Out of the 67 million Ethiopians, 2.2 million — including 200,000 children — are living with HIV/AIDS. The rate of new infections has started to decline, but the highest prevalence of HIV is still in the 15 to 24 age group — an age group that is most productive.

The Government of Ethiopia attaches prime importance to the Declaration of Commitment on HIV/AIDS and has thus taken numerous steps to speed up its implementation. My Government established a National AIDS Prevention and Control Council, chaired by the President, in April 2000. The Council regularly evaluates the status of the disease's prevalence rates throughout the country, disseminates information about HIV/AIDS and promotes awareness at the national level. Furthermore, several ministries have formed HIV/AIDS task forces and have designated HIV/AIDS focal points with the objective of raising awareness in the civil service about the epidemic. The Council has also established structures at the grass-roots level to reach the broadest possible

sector of the society in its endeavour to raise awareness about the epidemic. Centres for the distribution of antiretroviral medicines have also been established at the national level.

In terms of policy, my Government adopted its first HIV/AIDS policy in 1998. It has since launched and implemented numerous policy directives and guidelines to provide advice to HIV/AIDS patients and to intensify the media campaign about the epidemic. We have also presented various proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and we have managed to secure resources that have enhanced our capacity to fight the epidemic.

The establishment of an enabling policy environment is only the first stage in our response to HIV/AIDS. Additional programmes should be launched, and those already under way need to be vigorously implemented, their impact assessed and lessons drawn for further action. That is a continuous process requiring substantial financial, human and technical resources. The Government of Ethiopia has been implementing a health sector programme, and this year the budget for that sector has been significantly increased. However, all the resources required to fight HIV/AIDS cannot be mobilized domestically.

In that regard, Ethiopia is pleased that it has been able to secure some resources from the Global Fund, from the Joint United Nations Programme on HIV/AIDS and from other bilateral and multilateral donors, either directly through governmental institutions or through non-governmental organizations. We should like to express our appreciation to President Bush of the United States, who has committed $15 billion to fight AIDS in the most affected countries. We are also grateful to the European Union and to other bilateral donors for the commitment of resources. The speed with which the funding mechanism for HIV/AIDS has become operational is also encouraging.

But, while thanking the United States, the European Union and government and private institutions for their initial pledges to the Global Fund and similar institutions, we fully agree with the Secretary-General's report, which clearly emphasizes that the resources available for HIV/AIDS programmes at the country level fall far short of the desired level. The $4.7 billion to be reached by 2003 is less than half of the $10.5 billion needed by 2005. It is thus necessary for donors to make good on their commitments and to accelerate the momentum for increased funding for HIV/AIDS efforts if the targets of the Declaration of Commitment are to be met.

The Acting President: I give the floor to Mr. Moon-shik Kim, Director-General of the National Health Institute of the Republic of Korea.

Mr. Kim (Republic of Korea): It is a great honour and privilege for me to speak, on behalf of the Government of the Republic of Korea, at this important meeting.

Over two years ago, at the historic special session of the General Assembly, the global body adopted the Declaration of Commitment on HIV/AIDS, underscoring the urgent need for action against HIV/AIDS. The unprecedented level of commitment gathered from countries around the world led to the adoption of time-bound targets in the fight against the pandemic.

I am confident that today's review of the progress made and the lessons learned in our effort to meet the goals for 2003 will enable us to devise more effective action to meet the challenging goals of future years.

I note with satisfaction the advances made in many countries, particularly in heavily affected countries. As indicated in the report of the Secretary-General (A/58/184), the issue is now accorded high priority on many national agendas. National strategies to address HIV/AIDS have been established. Greater resources have been mobilized and are now being expended at the national and global levels. Infection among young people has declined in a growing number of countries. The developments of the past two years strengthen our hope and resolve that, with strong political commitment and cooperation among all stakeholders, we can bring the deadly disease under control.

The challenges facing us, however, are still enormous. The number of infected people is still growing, with 5 million new cases detected every year. The prevalence of HIV/AIDS in the Latin American and Caribbean and Eastern European regions shows no sign of diminishing. In sub-Saharan Africa, where 11 million children have lost one or both parents to the disease, it is disheartening, to say the least, to think of the long-term consequences. Despite an unprecedented level of contributions from the governmental and other

sectors, the gap between needs and resources remains huge.

The experience of the past two years has served to highlight several points. First, political commitment and leadership must remain firm. Given the ambitious targets to be met by 2005, leaders, not only in Government but also in civil society, need to strengthen their resolve still further. HIV/AIDS has proved to be an intractable enemy. The slightest negligence or indifference in leadership can easily result in huge setbacks in our effort against HIV/AIDS.

Secondly, we must do what we can right now to save the lives and relieve the suffering of those affected by HIV/AIDS. The Korean Government is providing people with an HIV/AIDS antiretroviral agent for free. We must continue to strive to make drugs available at a reasonable cost, especially to those in the developing countries.

Thirdly, we should strengthen international support mechanisms. Many developing countries are still without adequate resources to address the problem of HIV/AIDS effectively. In that regard, the Korean Government is endeavouring to ensure that it will be able to deliver its contribution to the Global Fund in the near future.

Fourthly, prevention should continue to be at the centre of our efforts. The Republic of Korea, which had been considered relatively safe from HIV/AIDS, has recently experienced a dramatic rise in the number of people infected, especially young adults. In response to this challenge, the Korean Government, working in close partnership with non-governmental organizations, is now focusing on the development of prevention and awareness programmes for the younger generation.

Lastly, greater attention should be paid to the rights and needs of those infected by HIV/AIDS. Legal protection is essential, but it is not enough. Social stigmatization and marginalization will be eliminated only when there is a general change in attitude, and that calls for active publicity campaigns.

During the two years since the special session, we have achieved a great deal. Yet much still needs to be done. Perhaps the most important point to take away from today's discussion is that we cannot relax our vigilance or relent in our efforts. It is imperative that we continue to be alert.

Let us look to 2005 with renewed resolve. Together, we pledged by that date to have made substantial progress in reducing infection among vulnerable groups, in providing extensive care to meet the needs of those infected with HIV/AIDS and their families, and in protecting the human rights of the infected. Meeting those targets will be no easy task. But as the past two years have shown, we can do it by working together with steady determination. Our efforts will be fully rewarded when our children can live in a world free from the dark shadow of the disease.

The Acting President: I now give the floor to His Excellency Mr. Christian Wenaweser, Chairman of the delegation of the Principality of Liechtenstein.

Mr. Wenaweser (Liechtenstein): The adoption of the Declaration of Commitment on HIV/AIDS in 2001 provided us with a timely instrument to use in our common fight against the HIV/AIDS pandemic. As we reach the first target date contained in the Declaration, the record of implementation is mixed. There was a strong initial momentum, which led, inter alia, to the Global Fund to Fight AIDS, Tuberculosis and Malaria quickly becoming operational. Keeping up this momentum, nationally and internationally, and not letting other crises divert our attention from HIV/AIDS, is one of our most important tasks, and that is the purpose of today's meetings.

We live in a rapidly changing world characterized by a quick succession of crises of all sorts. The threat posed by HIV/AIDS will be with us for many years to come and, if we are to be successful, we must be consistent in our will to fight it. The leadership shown by the United States of America and the European Union will hopefully lead to sustained support for the Global Fund, which we consider a valuable means to fight the pandemic. Liechtenstein made an initial contribution to the Fund of 100,000 Swiss francs and is now in the process of determining the size of its next contribution.

HIV/AIDS constitutes not only a global health threat, but, indeed, one of the main obstacles to development. The common fight against it thus constitutes an investment in the future of mankind. The experience gained in recent years makes it clear that prevention and care and treatment strategies must be considered to be complementary. The financial and human costs of prevention are, of course, much smaller

than those related to care and treatment, and if effective strategies can prevent more than 50 per cent of projected new infections over the next decade, we must clearly give strong priority to such strategies. At the same time, we cannot expect prevention to be successful if we neglect those populations already afflicted, in various forms by the disease and its consequences. We hope that agreements recently reached in the framework of the World Trade Organization will help make rapid progress with regard to the care and treatment of people living with HIV/AIDS.

Poverty and inadequate access to education, in particular information on sexual and reproductive health, rank highest among the factors that contribute to the destructive spread of the disease. Such factors are then compounded by discrimination against people living with HIV/AIDS.

We thus welcome the Secretary-General's emphasis on the aspect of human rights in the fight against HIV/AIDS. Both the consequences and the eradication of HIV/AIDS are inextricably linked to human rights. Stigmatization and discrimination against people living with the disease exacerbate the effects of the virus by adding to its disastrous effects in destroying families and communities.

People living with HIV/AIDS can contribute much to the fight against the epidemic of which they have become a victim. Indeed, some of the strongest leadership in the fight against HIV/AIDS has been shown by people who themselves live with the disease. Participation in decisions affecting their lives is not only something to which people are entitled; it is also an essential ingredient for success. We join the Secretary-General in calling on Governments to enact and enforce national policies that address stigmatization and discrimination in order to make our common fight more effective.

In that context, special attention must be paid to the rights of women and girls, as was done in the Declaration of Commitment. Women and girls are not only biologically more susceptible to infection when not protected; they are often much more vulnerable because of societal and structural inadequacies, not to mention manifestations of discrimination. Policies need to be enacted to make women economically more independent and to reduce their risk of being sexually victimized. Widows and — ever more frequently — orphaned girls are left with the task of leading their households. They are entitled to our best possible efforts to make their fate manageable by at least removing all forms of discrimination they face simply because they are women.

The Acting President: I now give the floor to Ms. Tonka Vurleva, National Coordinator on HIV/AIDS and General Secretary of the National Committee on Prevention of HIV/AIDS and Sexually Transmitted Diseases of the Republic of Bulgaria.

Ms. Vurleva (Bulgaria): I have the honour to address the Assembly today on behalf of the Government of the Republic of Bulgaria and to extend our hope that, through joint efforts at the individual, regional and international levels, Governments worldwide will commit themselves to the fight against HIV/AIDS.

Aware of the AIDS epidemic, which is a global challenge in the current century, Bulgaria fully recognizes that the issue transcends the area of health and has acquired demographic, economic, social and ethical dimensions. Therefore, two years ago Bulgaria joined in the Declaration of Commitment on HIV/AIDS of the special session of the General Assembly, which provides a historic opportunity for all countries, rich and poor, large and small, to mobilize available resources to combat this threat to humanity.

At present, Bulgaria is fortunate in that it ranks among the countries with a low prevalence of HIV/AIDS. So far, a total of 499 cases of people living with HIV/AIDS have been registered in the country, even though we live in a region where the epidemic is rapidly spreading. The Government of Bulgaria has shown clearly that there is strong political will to undertake the actions necessary to maintain the country's low prevalence of HIV/AIDS. In 2001, the Bulgarian Government adopted a national strategy and a national action plan for the prevention and control of AIDS and sexually transmitted diseases, covering the period 200 2007.

The activities under the national action plan are financially and technically supported by the competent international organizations, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization, UNICEF, the United Nations Development Programme (UNDP) and others. The successful implementation of the national action plan is financed through yearly allocations from the

budget of the Ministry of Health, amounting to approximately $3 million. Those financial resources are used to provide free of charge testing and counselling focused on prevention, as well as free modern antiretroviral therapy for people living with HIV/AIDS. There is a network of centres providing voluntary counselling and testing for HIV/AIDS.

Coordination of the national action plan's implementation at the national and institutional levels is the primary responsibility of the National Committee on Prevention of HIV/AIDS and Sexually Transmitted Diseases and the Council of Ministers. Currently, nine ministries are represented on the National Committee. The successful national response also involves active partnership with various international donors, academic and research institutions, media and civil sector organizations.

The local-level response is coordinated through the activities of local civil committees for the prevention and control of HIV/AIDS. In 2000, the AntiAIDS Coalition was established to coordinate with non-governmental organizations and other stakeholders to enhance cooperation and raise awareness among the general public.

The combat against HIV/AIDS is also an integral part of the national health strategy, which uses the motto of "Better health for a better future in Bulgaria 2001-2006". In 2003, that combat was established as one of Bulgaria's Millennium Development Goals.

Openness, global solidarity and firm political leadership are a must if we want to bridge the gaps created by stigmatization, discrimination and denial with respect to ethnic, cultural or religious differences. The world is now facing an enormous challenge and must stand up for the protection of human rights and dignity.

The Acting President: I now give the floor to Mr. Paul Goa Zoumanigui, Chairman of the delegation of the Republic of Guinea.

Mr. Zoumanigui (Guinea) (*spoke in French*): I wish to express my delegation's appreciation to the Secretary-General for presenting his report on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/58/184) and the priority efforts of the United Nations in fighting that pandemic. The holding of today's meetings stems from our shared duty to create in 2003 an enabling environment for meeting the 2005 and 2010 objectives, in terms of programmes and results, of the Declaration of Commitment on HIV/AIDS, which was adopted at the special session of the General Assembly in June 2001.

We endorse the recommendations of the Secretary-General and would like to add that the implementation of the Declaration of Commitment has enabled greater awareness about HIV/AIDS at the global level; alliances among various partners of the public and private sectors and civil society, which should nevertheless be further strengthened; deeper involvement of eminent personalities at the national and international levels; special attention to research and development; and a more active commitment to the mobilization of essential resources, especially contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. My delegation would also like to highlight the importance of the related issues such as human rights, strengthening programmes, women, girls and HIV/AIDS, care, support and treatment and follow-up, monitoring and evaluation, among others.

The Assembly's special session of 2 June 2001 was an opportunity for my delegation to put forward the broad policy guidelines of Guinea in the fight against HIV/AIDS. Confronted with the threats of emerging or re-emerging diseases, particularly the sexually transmitted disease AIDS, a national health plan 2000-2010 was launched to stabilize or reduce their social and economic impact.

Despite the establishment of a national coalition to combat AIDS, comprised of the Government, its development partners, the Joint United Nations Programme on HIV/AIDS team and national and international organizations, HIV/AIDS is spreading in Guinea at an alarming rate. Furthermore, according to the most recent surveys made public by the Government, the rate of infection of the population is close to 2.8 per cent. According to projections, the number of HIV-infected persons will double, reaching more than 282,000 between now and 2010 unless sweeping measures are taken. To reverse this trend, many initiatives have been undertaken in the Republic of Guinea. The Government has given priority to financing prevention projects and spreading public awareness among young adolescents, women and workers. The efforts of the First Lady of Guinea to reduce mother-to-child transmission and the drafting a

public information guide for the eradication of AIDS are part of this new process.

Guinea is stepping up its mobilization to combat the devastating effects of HIV/AIDS. But to succeed, it needs the support of the international community. This is why it welcomes the agreement on generic drugs reached 30 August 2003 and the Secretary-General's establishment of the Commission for HIV/AIDS and Governance in Africa, presided over by the Executive Secretary of the Economic Commission for Africa.

We would like to express our gratitude to the United States, the European Union and other donors for their substantial contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are convinced that this will contribute to the success of the implementation of the Declaration of Commitment on HIV/AIDS. My delegation would like to thank the various partners who, despite numerous difficulties, have spared no effort to support my country's actions.

Despite the progress made, my delegation remains convinced that further considerable efforts must be made to prevail in the fight against the HIV/AIDS pandemic. To reach that objective, it is crucial, now more than ever, to promote the present partnership, coordinate our activities more closely and unite actors at all levels.

The Acting President: I now give the floor to Mr. Ricardo Luque Nuñez, adviser of the Direction of Public Health and Minister of Social Protection of the Republic of Colombia.

Mr. Nuñez (Colombia) (*spoke in Spanish*): As a follow-up to the Declaration of Commitment on HIV/AIDS, adopted in 2001, Colombia has without a doubt made considerable advances, including the drafting of a strategic plan that views sexual and reproductive health as one of the main priorities of public health, and has developed and implemented a policy that incorporates the main recommendations of the Declaration of Commitment on HIV/AIDS. The Government has taken the lead in fostering greater participation of civil society in advancing proposals for joint work, including the Global Fund's allocation of funding to implement a project to reduce the vulnerability of young people, men and women, in the municipalities most affected by forced internal displacement.

In addition, a fund for drugs was established this year to reduce the economic impact of antiretroviral treatment on and provide coverage for the poorest people and, in Lima, we took part in a round of negotiations with other countries of the region and pharmaceutical companies to obtain a reduction in drug prices, which, unquestionably, is a good step towards ensuring universal access to treatment.

We have allocated additional resources to the area of prevention, focused our action on our young people and taken into account the most vulnerable groups by implementing a strategy of information, education and communication. We have also received international cooperation funds to implement a project that enables us to diagnose and provide timely treatment to pregnant women living with HIV. However, there are many difficulties in guaranteeing sustained treatment once the babies are born.

Additionally, we are intensely working to develop and implement a managerial model to cope with HIV/AIDS, which will strengthen the health-care system at the national level. The model fosters interaction among the various parts of the programme and meets people's demand for adequate private and public services. The challenge is to encourage community participation in order to shorten the gap between policies and action, which is essential in such a decentralized country, with so many social, ethnic and cultural particularities, as Colombia.

Nevertheless, fulfilling agreements in the medium term has been challenging. It has been difficult to secure the commitment of other sectors outside health care and work in particular environments such as the private sector. Furthermore, the conservative groups are opposed to the implementation of specific and sustained sex education programmes in schools. The difficulties are compounded by limited funding in this area.

Although Colombia has specific HIV/AIDS legislation, with a strong human-rights component and full constitutional backing, sometimes, in efforts to enforce the law and avoid discrimination and clear violations of rights, the effective implementation of this legislation is hindered on the ground because of a lack of understanding of the law or fear on the part of the affected parties. Consequently, there is a challenge to implementing strategies to empower minorities and the most vulnerable groups to understand and exercise

their rights and, above all, to reject all kinds of sexual violence against women.

Finally, if we consider the multiple health factors involved when new cases of infection arise, we cannot ignore the conditions of violence and poverty that the armed conflict in Colombia has caused. If we understand public health as a collective obligation of society to assure healthy conditions for the population, it will always be necessary to consider the inequality and socio-economic vulnerability caused by the ever-increasing incidence of AIDS. In the same way that the best educational process will not have a positive effect on a woman who continues to be subjected to physical and emotional abuse, discrimination and economic dependency, it will not be easy for our country to establish effective prevention mechanisms if it suffers from the aftermath of violence, the scourge of drug trafficking and a crushing debt burden.

The State and civil society will make every effort to fight AIDS, with the significant support of resources obtained through the Global Fund, which will, without doubt, strengthen Colombia's capacity to respond to the epidemic. This is all the more relevant if we think of this initiative not as an AIDS prevention programme to improve our human development index, but rather as a development project that will have a major positive influence on AIDS statistics. If we really want to stem the spread of this epidemic, we must promote the processes that truly favour the development of the most affected countries and peoples.

The Acting President: I call on His Excellency Mr. Alounkèo Kittikhoun, chairman of the Delegation of the Lao People's Democratic Republic.

Mr. Kittikhoun (Lao People's Democratic Republic): Much has been said about the challenges posed by the HIV/AIDS pandemic, especially its threat to the health and well-being of all people. There is therefore no need for further recitation. Since the adoption by the special session of the General Assembly on HIV/AIDS of resolution S-26/2 in June 2001, there was a global commitment to achieve, by 2003, many targets pertaining to the establishment of an enabling policy environment to combat HIV/AIDS.

Two years have now passed, and the outcome of the special session on HIV/AIDS still remains far from being implemented, despite the growth in political commitment and resources and the various efforts undertaken at national, regional and international levels.

According to the report of the Secretary-General, challenges posed by the HIV/AIDS epidemic remain as large as ever. This situation thus calls for a broad-based approach and adequate resources to tackle the spread of this scourge. All in all, a greater epidemic can be prevented if national capacity is built upon, commitment is increased, cross-sectoral approaches are expanded and affordable access to care and treatment is provided.

My country, the Lao People's Democratic Republic, remains relatively low in terms of its HIV/AIDS rate, with an estimate of 0.05 per cent in 2003. The first single case of HIV was identified in 1990 and one person was identified as living with AIDS in 1992. As of December 2000, 717 people were found to be HIV positive, 190 were living with AIDS, and 72 people have already died. In 2002, 13 new cases were found. Although the prevalence of HIV/AIDS is still low, the Lao Government has already undertaken comprehensive measures to control and prevent the disease through an HIV/AIDS sexually transmitted disease policy based on universal principles.

At the political level, coordination is ensured by the Lao National Committee for AIDS Control, an inter-ministerial and multisectoral committee established in 1988. Furthermore, the National HIV/AIDS Trust, a thematic group, composed of relevant Governmental departments and donor organizations, was also created to provide technical support. On the implementation of the outcome of the twenty-sixth special session of the General Assembly on HIV/AIDS, my Government is committed to achieving the internationally agreed targets in the social sector despite a limitation of its domestic resources.

The allocation of investment in the social sector has increased steadily over the years. For instance, in fiscal year 2002-2003, the amount reached 27.6 per cent of the total capital investment, of which 11.5 per cent was allocated for education and 8.8 per cent for public health. This ensures sound investment proportioned between economic and social sectors.

Nevertheless, the programmes and targets of the outcome of the twenty-sixth special session pose a great challenge for us. However, it is our belief that with continued support, cooperation and investment

from the world community, we will be able to overcome those challenges and, thus, achieve our ultimate goal.

Finally, finding a solution to this problem requires international efforts. Let us come together in solidarity and fight to combat HIV/AIDS.

The Acting President: I call on His Excellency Mr. Ahmed Tahir Baduri, chairman of the delegation of Eritrea.

Mr. Baduri (Eritrea): Allow me to begin by extending gratitude to Secretary-General Kofi Annan for his commitment to, and exemplary leadership in, the struggle against the catastrophic, global HIV/AIDS crisis. My delegation also takes this opportunity to thank him for his comprehensive report, contained in document A/58/184.

The Declaration of Commitment, adopted by the twenty-sixth special session of the General Assembly in 2001, has been a significant demonstration of humanity's collective determination to eradicate the scourge. Yet, it is dismaying to note that in spite of the determination and collective efforts of the international community to eradicate it, HIV/AIDS continues to decimate populations around the world without any encouraging sign of a cure.

The prevalence of HIV/AIDS in Eritrea is comparatively much less than in the rest of Africa. For example, among the antenatal attendees, the seroprevalence is 2.8 per cent. This, by inference, is the probable prevalence rate in the general population. Yet, by December 2002, there were only 15,698 reported cases of AIDS. That would constitute 0.6 per cent of the population living in Eritrea. We are, however, gravely concerned by the antenatal statistics, and have been vigilant ever since our liberation 12 years ago.

Prudence dictates that prevention and containment are better than cure, if only because even a small number of cases can be detrimental to our development programmes and our socio-economic fabric, especially since statistics also reveal that the scourge is most prevalent among males between the ages of 25 and 34, and females between 20 and 23, who make up the critical core of the workforce.

The Eritrean Government had launched its first five-year plan (1997-2001), even before the United Nations summit on HIV/AIDS. As an implementing agency, the five-year plan created a National AIDS Control Programme, a unit in the Communicable Diseases Control Division of the Ministry of Health. The unit consists of counselling, prevention of mother-to-child transmission, social mobilization and condom promotion, care and support activities, and the sexually transmitted infections (STI) sub-units.

The HIV/AIDS and STI policy guidelines, adopted in 1998, provided direction for the implementation of programmes such as the promotion of safe sex behaviour, early diagnosis and treatment of STI, provision of condoms, the use of aseptic techniques to prevent infection in health facilities, counselling, health care and social support of people living with, and affected by HIV/AIDS, community empowerment, home-based care and mobilization of the international community. However, it soon became obvious, even before the 2001 summit, that they had to be revised, expanded and updated, especially in view of the major health sector review and the introduction of programmes for the prevention of mother-to-child transmission and antiretroviral treatment.

Thus, following a long process of assessment of the first plan, a new strategic plan for 2003-2007 was adopted and became operational this year. The new plan took the Declaration of Commitment on HIV/AIDS into account. The strategic plan process was directed by a task force composed of officials from the Ministry of Health and other relevant ministries; and members of the United Nations system, civil society and the private sector. The NACP, which was only a unit, was replaced by a new, enlarged and strengthened division in the Ministry of Health — that is, the National HIV/AIDS, Sexually Transmitted Infections and Tuberculosis Control Division. That division, which is composed of four units, is in charge of overall programme planning and of the implementation, management, monitoring and evaluation of activities related to HIV/AIDS, sexually transmitted infections and tuberculosis, and also of cooperation with international organizations, national and international non-governmental organizations, Government ministries and community- and faith-based organizations.

The strategic plan outlines priorities which, inter alia, include an HIV surveillance system, voluntary counselling and testing, early diagnosis and treatment of sexually transmitted infections, prevention of mother-to-child transmission, medical treatment, a behavioural change communications strategy, and the

reduction of the economic, social and disease burden caused by HIV/AIDS, sexually transmitted infections and tuberculosis. Thus, it emphasizes prevention, treatment and impact mitigation.

I wish to conclude by emphasizing that the people and the Government of Eritrea are committed to the realization of the goals set out in the Declaration of Commitment on HIV/AIDS and will actively participate in the concerted effort to eradicate that scourge.

The Acting President: I give the floor to Mr. Jean Alexandre, Chairman of the delegation of Haiti.

Mr. Alexandre (Haiti) (*spoke in French*): We are meeting today in plenary to discuss HIV/AIDS, a subject of great importance that should stir the conscience of all. Its harmful impact on populations on a global scale, its accelerated spread and the exorbitant cost of medications, which makes them inaccessible to the poorest countries, poses a grave threat to the world. Indeed, estimates made by experts and the calls of national and international leaders are cause for alarm.

The Republic of Haiti remains the country in the region most affected by the AIDS pandemic and by poverty, which together are doing incalculable damage. Haiti has seen its rate of HIV incidence go from 4.5 per cent to 6 per cent, with rates as high as 13 per cent in certain rural areas.

A total of 250,000 people between the ages of 15 and 49, half of whom are women, live with the virus, and there are 200,000 AIDS orphans. Haiti is terribly affected by this scourge, which last year affected 30,000 citizens and is at this time one of the main causes of mortality.

The pandemic is exacerbating the already precarious economic situation in the country and remains the primary challenge facing the Government, which continues to work tirelessly to implement the commitments taken pursuant to the Declaration of Commitment on HIV/AIDS, in June 2001.

The President of the Republic, Mr. Jean Bertrand Aristide, and the First Lady have with great resolve committed themselves to the struggle against this disease. Thus in 2001 the President launched a strategic plan for the period 2002-2005 to combat HIV/AIDS, which for Haiti is a national priority. The plan focuses on prevention; care of the sick throughout the country; prevention of sexually transmitted infections; prevention of mother-to-child transmission; security of blood banks; and vaccine research.

Our country's multisectoral approach also highlights the need for legislation in order to safeguard the rights of HIV-positive people, protect them against marginalization and encourage their participation and effective integration in society, as well as their participation in the combat against AIDS.

The Government of the Republic is very aware of the gravity of the situation and, together, with the private sector, non-governmental organizations and international organizations, it is doing its best to try to mitigate as much as possible the spread of this scourge by encouraging research, educational programmes and awareness programmes in unaffected communities, and assistance programmes for those already affected.

In order to attain those goals and to make clear the steady process of the implementation of its commitment, the Haitian Government has set up a plan which receives financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Haiti was thus one of the first countries to sign a grant agreement with the Global Fund. To date, the programme has opened health centres and dispensaries in several geographical areas. It has also increased from one to six the number of institutions that offer assistance to persons living with AIDS, and has made it possible to treat several hundred patients.

The number of blood transfusion centres has doubled, and seven new centres for counselling and examinations have been opened. An increasing number of pregnant women now have access to maternal care services, and preventive education and nutritional programmes for affected families have been set up.

With international assistance and that of non-governmental organizations, many projects are under way and are being developed in order to set up a physical infrastructure and to ensure that there is competent technical personnel to support the efforts that are being made.

Financial assistance from the Global Fund is aimed, inter alia, at guaranteeing blood transfusions, providing antiretroviral drugs to more than 1,200 HIV-positive people, distributing more than 15 million condoms, raising the awareness of and educating more than 400,000 young people by the end of this year;

helping AIDS orphans; and providing micro-credits to the adoptive parents of those orphans.

Special attention will be devoted to sex workers, and home visits to affected communities are being planned within the context of the programme. Twelve thousand pregnant HIV-positive women will be treated.

Our Government is grateful for the support and cooperation of non-governmental and international organizations, civil society, the private sector and the international community, within the context of which the United Nations plays an essential role in combating AIDS.

We also appreciate the dedicated efforts of scientists worldwide who are working side by side with our doctors in the quest for a vaccine or for medications that will free humankind from this terrible illness.

We launch a heartfelt appeal to the international community that it continue to work in a spirit of partnership, which alone is capable of overcoming the AIDS pandemic. We urge pharmaceutical companies to make more accessible generic antiretroviral products and lifesaving drugs.

On behalf of the Government and of the people of Haiti, we express our thanks to the United Nations, in particular to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to those countries and international organizations that have provided cooperation and assistance to Haitians.

The Acting President: I give the floor to His Excellency Luis Emilio Montalvo Arzeno, Executive Director, Presidential Council for AIDS and Coordination of the Country Coordinator Mechanism for the Global Fund of the Dominican Republic.

Mr. Arzeno (Dominican Republic) (*spoke in Spanish*): The final Declaration adopted at the special session of the General Assembly held in June 2001 charted an important, innovative course in the combat against the HIV/AIDS pandemic. HIV/AIDS is a serious threat to the development of our peoples and, as a result, to peace and security.

With this vision, we returned to our country, taking advantage of the fact that our head of State had recently created a body at the highest level of the State to lead the fight against HIV/AIDS: the Presidential AIDS Council (COPRESIDA), with the participation of the Government, the private sector and civil society, as well as with foreign cooperation.

Our country and Haiti share the island of Hispaniola, and, with the other islands of the Caribbean, we are the region with the second highest prevalence of HIV/AIDS, after sub-Saharan Africa. Our region is also characterized by high migratory rates towards the United States, to every one of the islands, to South America and to Europe. One might say that the epicentre of the epidemic in the Americas is the Caribbean, and within it, the island of Hispaniola.

The prognosis for the epidemic in 1990 was that in 2005 the Dominican Republic would have a prevalence rate of 5 per cent, close to the current prevalence rate of Haiti, which is roughly 5.8 per cent. However, data provided by the most recent population and health survey of the Dominican Republic shows that the prevalence rate is 1.7 per cent, which indicates that the epidemic is levelling off. These results in our war against HIV/AIDS, of which we are proud, are the product of neither chance nor luck. They are the product of a political commitment that the Dominican Government has assumed through a national strategic plan drawn up by Government experts, the private sector, civil society and representatives of international organizations.

In August 2000, the Dominican Government began a financing effort, with the World Bank, which was supported unanimously by the national congress. With this funding, we implemented a multisectoral mobilization, which involved all of Dominican society, including the Government, private sector, civil society and international organizations.

As a result of concerted national efforts, we received the backing of the Global Fund in the form of $44 million over five years. We also received support from the Clinton Foundation that will make it possible to strengthen a gradual coverage programme for antiretrovirals for HIV-positive people who require them because of their biological profile. We had already begun this programme with the limited resources of the national budget.

Within the framework of South-South cooperation, we are receiving cooperation from Brazil for a group for mothers who are HIV positive in the Mother-to-Child Transmission Prevention Programme.

It is important to mention the considerable assistance provided by the United States Agency for International Development (USAID) since the 1980s for preventive purposes and, more recently, in support of the comprehensive care strategy initiated by the Dominican Government for AIDS patients.

Recently, the Government took advantage of the publicity provided by two major events in order to tie in our HIV/AIDS campaign. Miss Universe, Amelia Vega, visited our country and conducted an intense solidarity campaign by visiting hospitals, HIV/AIDS prevention clinics and communities, and issuing important press statements to increase public awareness. Secondly, our country hosted 42 nations for three weeks for the celebration of the fourteenth Pan-American Games of 2003. During the games, we launched an HIV/AIDS prevention programme among athletes and spectators with brochures and banners throughout Santo Domingo promoting the use of condoms as well as other preventive measures.

The Dominican Republic media provide television, radio and magazine space free of charge — worth about $1 million a year — for messages dealing with HIV/AIDS prevention.

Finally, with respect to the results and impact of the HIV/AIDS campaign in our country, we should mention the following points. First, there has been a substantial increase in the number of actions against the epidemic, developed by the health sector.

Secondly, 23 participation agreements between departments and sectoral programmes have been formalized, the most notable examples being the initiation of the sex education programme in schools, the formal commitment of the public and private tourism sector and the multi-sectoral agreement for the prevention of HIV/AIDS and against discrimination in the work place.

Thirdly, the theme of HIV/AIDS is a priority in the political agenda for the country's development.

Fourthly, the Presidential AIDS Council has articulated and put into action mechanisms that make possible a consistent national response to the epidemic.

Fifthly, as an external sign of recognition of the Dominican programme, the assessment of the performance of our national AIDS programme carried out by the Futures Group — working for the Joint *United Nations Programme* on HIV/AIDS (UNAIDS) — shows that the effort on the part of the Dominican Republic has increased by 16 per cent over the past 24 months, coinciding with COPRESIDA's management of the effort. This increase is 12 per cent higher than that of the average of 10 Latin American programmes which took part in the study.

We are creating the basis for a model programme for Latin America taking into account the financial limits and caps that do not allow us to follow the model of wealthier nations but that fit perfectly within our possibilities and socio-economic realities.

The Acting President: I now give the floor to His Excellency Mr. Boniface Chidyausiku, Chairman of the delegation of the Republic of Zimbabwe.

Mr. Chidyausiku (Zimbabwe): It is now common knowledge that HIV/AIDS continues to cause untold suffering among many nations in the world. Regrettably, our Southern African region has been the hardest hit by that pandemic. AIDS threatens to destroy all the progress that our young nations have made since our independence. And, at a global level, it threatens to decimate the human race. In the light of this unprecedented threat to our survival and to our national development efforts, our region has committed itself to halt and roll back the advance of this deadly pandemic through national and regional efforts.

In my country, Zimbabwe, the tragic reality is that an estimated 2 million people are living with HIV/AIDS and that 600,000 have full-blown AIDS, while 782,000 children have been orphaned by the epidemic. Infant mortality has more than doubled, from 60 to 130 per 10,000 births, and life expectancy dropped from the projected 67 years to 40 years in 2001. Over 70 per cent of admissions to medical wards in our major hospitals are patients with HIV/AIDS-related opportunistic infections. The capacity of the health delivery system to cope with the demands of this epidemic in the face of limited resources and competing claims on them, coupled with human resource shortages caused by the brain drain, has been severely undermined. The crisis has been further worsened by the food shortages we have experienced over the last two years as a result of the drought. The resultant inadequate and poor nutrition has worsened the physical strain on people living with HIV/AIDS and on AIDS orphans, who can hardly fend for themselves even under normal circumstances.

Notwithstanding that background, I feel encouraged that, in recent years, we have amassed a significant body of knowledge about the pandemic. We now know of the devastation and helplessness wrought by AIDS on individuals, communities and society at large. We are now also aware of how to prevent infection, while research now enables us to prolong and improve the lives of those who are infected. Despite the frightening statistics on HIV/AIDS and its far-reaching consequences, Zimbabwe is now working tirelessly to scale up its response in order to implement the commitments on HIV/AIDS adopted by the General Assembly in June 2001. The Government has demonstrated its commitment to and leadership of the fight against HIV/AIDS through several policy initiatives.

We have made great strides in improving care and providing comprehensive care for HIV/AIDS-related opportunistic infections through a package that includes access to counselling, testing, psychosocial support, nutrition, prevention and treatment of opportunistic infections, prevention and care of sexually transmitted diseases, and the prevention of parent-to-child transmission of HIV/AIDS. In that regard, opportunistic infection clinics have been established for both adults and children at major central hospitals in our country.

Our Government is committed to the provision of antiretroviral drugs, and we have declared AIDS a national emergency, in order to improve access to those drugs, in line with the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement. Guidelines for the use of antiretroviral drugs have been produced, and they are now available in both the private and the public sectors. Training of health-care staff on the use of antiretroviral drugs in the management of HIV/AIDS has started. In the 2003 budget, there is a provision for the procurement of antiretroviral drugs and related support services. Unfortunately, the unavailability of foreign currency has delayed the introduction of antiretroviral drugs in public-sector health institutions. With funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other partners, we should be able to start a public-sector antiretroviral programme very soon.

My Government has developed an orphan care policy, which provides an enabling legal environment for the support and protection of children. The Government has also put in place social protection programmes for these orphans and vulnerable children and is working tirelessly to alleviate the social and economic impact of AIDS. In that regard, my Government introduced a trust fund, financed through a 3 per cent levy on taxable income, aimed at financing activities for the prevention, care, mitigation and management of the HIV/AIDS pandemic. The National AIDS Council has created mechanisms through a decentralized system to assist infected and affected persons.

My Government is committed to monitoring the HIV/AIDS epidemic through a well-established surveillance system. As part of that surveillance, a Young Adults Survey was conducted in 2002; Antenatal Clinic surveys were conducted in 2000, 2001 and 2002. Using the computer bases packages of the Joint United Nations Programme on HIV/AIDS (UNAIDS), new estimates for Zimbabwe have been worked out from these recent surveys. Although these estimates have shown that the HIV/AIDS prevalence rates are still unacceptably high, they have also demonstrated that the epidemic seems to be levelling off. We hope that data from the coming years of surveillance will confirm this stabilization.

Zimbabwe, like most of the countries in the region, depends mostly on donor support for its HIV/AIDS programmes, but that support has declined since 1999. To complement its efforts, the Government has applied to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria for funds to support scaling up our national response to AIDS. While the component on prevention and care was approved in 2003, we sadly note that no disbursements have been made so far. We are also extremely concerned by the fact that major cooperating partners have excluded Zimbabwe as a beneficiary from ongoing initiatives to support AIDS prevention and care efforts in the world's worst affected countries, a group in which Zimbabwe belongs. It is my sincere hope that my Government will receive additional humanitarian support for AIDS.

Our own efforts in combating the HIV/AIDS pandemic are not enough. They need to be augmented by positive contributions from countries that have the requisite financial resources and technological know-how. We continue to call on the international community and private companies to hasten their efforts directed at finding an answer to this pandemic, which is ravaging populations and economies. Affordable but effective drugs need to be made

available. We hope that the Fund set up at the last special session will receive the urgent and meaningful support it deserves.

Finally, I wish to thank the United Nations and other international partners who are contributing to our national and regional efforts against the HIV/AIDS scourge. Zimbabwe remains forever grateful for those efforts.

The Acting President: I call on Mr. Marco Antonio Suazo, chairman of the delegation of the Republic of Honduras.

Mr. Suazo (Honduras) (*spoke in Spanish*): Allow me, at the outset, to congratulate the President on his election to preside over this special session of the General Assembly devoted to the follow-up to the outcome of the implementation of the Declaration of Commitment on HIV/AIDS. We also appreciate the report of the Secretary-General on the achievements made in this area so far.

First, I wish to state that my delegation fully supports the statement made yesterday by the representative of the Rio Group and the Group of 77.

The people and Government of Honduras, particularly all persons infected with AIDS, tuberculosis and malaria, send to the Assembly their message of solidarity to the peoples represented here, who, like us, are constantly seeking to alleviate the great economic and social hardship of those diseases, which, year after year, destroy wide sectors of our population, usually the most vulnerable, the poorest and the dispossessed.

When the United Nations, at events of this kind, brings together the highest political representatives and when they raise their voices to contribute to seeking a global solution to these problems, hope is reborn and faith in a possible solution grows. The President of the French Republic said this morning: "The spread of HIV/AIDS is no longer insuperable and inevitable. We now have the means to bring it under control." (*A/58/PV.3, p.11*) Our people, who have been greatly affected by this disease, believe in this premise and focus their efforts at the national level in order to help contribute to this collective effort.

During his visit to our country last year, Secretary-General Kofi Annan together with the President of the Republic, Mr. Ricardo Maduro, launched the first national forum on HIV/AIDS in March 2002. The results stemming from that event were not late in coming. After the first six months of the programme's implementation, the figures on transmission of the disease declined and information and prevention programmes for the most exposed sectors increased. Thus, health and educational measures have become our main weapon in combating this pandemic.

It is necessary to point out that there is still a long and difficult path to travel, for our country, as well as for the international community. The purchase of appropriate drugs or the ability to produce them locally is the greatest economic and financial obstacle to achieve even better results. The Secretary-General has mentioned that in his report.

It is timely to recall the urgent appeal to allow the poorest and most heavily indebted countries the opportunity to obtain generic products at lower costs or to manufacture them. I wish to underscore to participants the set of recommendations that the Secretary-General has given the Assembly in his document as immediate and concrete actions to be taken in this area. In our opinion, if we want to produce a real international commitment, we have to follow up on these recommendations, and, above all, implement them at all corresponding levels. I repeat what was said this morning. This is an enormous moral debt to all those who have already lost their lives fighting these diseases.

The importance of this session and our commitment to the fight against the HIV/AIDS pandemic make us think about the session's organization. We believe that this event deserves a better fate.

The Acting President: I call on His Excellency Mr. Agim Nesho, Chairman of the delegation of the Republic of Albania.

Mr. Nesho (Albania): HIV/AIDS is a very serious and troublesome issue of our world today. It is emerging as one of the great economic, social, security and development challenges of this new century because of its dramatic and devastating impact. The world community has to face it with courage and dedication. It is a big battle that we all have to fight and win through united efforts, shared responsibility and serious commitment on the part of everyone.

In that context, we highly appreciate this high-level plenary on HIV/AIDS. Its scheduling just before the opening of the regular General Assembly session, makes an important point as it is clear evidence of the concern and attention that the international community in general and the United Nations in particular continue to focus on this very crucial issue. It highlights the priority that the Organization and its Member States place on achieving the goals of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), adopted at the special session of the General Assembly in 2001. We think it fitting at this meeting to commend the Joint United Nations Programme on HIV/AIDS for its efforts in the two priority areas of: increasing global awareness of the disease through education and dissemination of information to the public; and strengthening the capacity of communities through participation by civil society in the fight against the disease.

We also welcome the rapid commencement of the activities of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and we express special thanks to all its donors. The Fund remains an essential tool of the world community in striving to achieve the sixth Millennium Development Goal: combating HIV/AIDS, malaria and other diseases. We are confident that success will be achieved in that field through active collaboration on the part of all partners, including Governments, international organizations, the private sector and civil society.

On behalf of my Government, I should like to reaffirm our commitment to be an active partner in this common endeavour and to do our part to help sustain the momentum created by those important plenary meetings. We are confident that these meetings will add considerably to previous relentless efforts on this non-controversial issue and to the further rallying of the world to increased action on global HIV/AIDS awareness, prevention and care.

Albania has joined the global consensus that has emerged on the actions necessary to fight the disease. Although we are not a heavily affected country, we are devoting attention to this issue. National policies, plans and programmes are being implemented in all the areas requested — awareness, prevention and care — as parts of our national strategy. During the past year, measures have been taken to strengthen our national response to the disease at the levels of both Government and civil society. Governmental structures or bodies have been established and mobilized to coordinate HIV/AIDS efforts and activities nationwide; a senior coordinator has been appointed with the authority to raise the level of responsibility and accountability; the necessary legal framework has been encouraged and developed; HIV/AIDS education has been included in school curricula; and specialized medical centres have been established. In general, a greater political commitment to combating HIV/AIDS nationwide is being reflected.

Still, it is not likely that the Government acting alone will be able to mount the needed response to the disease. Bearing that in mind, we have expanded our efforts beyond Government, encouraging and supporting active involvement on the part of civil society. Particular sectors of civil society are playing a critical role in the fight against HIV/AIDS. Through their partnership with the Government and with international donors and organizations, various public activities have been organized, with a focus on areas of expertise such as education, communication, promoting the use of contraceptives, safer behaviours, confidentiality and preventive measures. Various community projects and programmes aimed at increasing knowledge about the factors fuelling the epidemic and at strengthening the capacity for prevention, care and treatment are being implemented.

We are aware that much more needs to be done to ensure that obstacles to the implementation and reinforcement of HIV/AIDS strategies are further addressed. Responses to the disease are not yet strong enough to fully prevent its spread. Education, care and support need to be further strengthened and expanded at all local levels. We must admit that our national efforts to address the disease continue to need international support, particularly for the allocation of the resources necessary to fight HIV/AIDS.

Once again, we express our appreciation for these high-level plenary meetings on HIV/AIDS. We are confident that they will intensify action on all fronts in the battle against the disease so that we can reach the targets contained in the Declaration of Commitment.

The Acting President: I give the floor to Her Excellency Ms. Anabella Arredondo, chairperson of the delegation of the Republic of Chile.

Ms. Arredondo (Chile) (*spoke in Spanish*): We thank the Secretary-General for his excellent report (A/58/184). I should also like to express our total

support for the statement made earlier by the Minister of Health of Peru on behalf of the Rio Group.

The spread of AIDS continues to have a devastating impact on all sectors and levels of society in the various regions of the world. It remains a global threat demanding new efforts of international cooperation to prevent situations of greater social instability. This disturbing situation must be addressed comprehensively. The network of responsibilities shared among Governments, civil society and international organizations must be strengthened. Prevention and treatment must be the central elements in reversing the current trends.

One of the important issues that we must consider is the stigma and discrimination associated with AIDS, which constitute one of the major difficulties in preventing new infections, in providing access to high-quality comprehensive care and in reducing the epidemic's impact on individuals, families, communities and countries. Stigma and discrimination are factors that increase people's vulnerability to HIV/AIDS. They result from a lack of knowledge; from myths and beliefs; from prejudices; and from fear of the disease, sexuality and death.

For my Government, unconditional respect for the rights of persons living with HIV/AIDS and for the rights of the most vulnerable population is not only a duty of the State, but also a requirement for progress in controlling the epidemic. Therefore, the President of the Republic promulgated a law that defines the Chilean State's responsibility in AIDS prevention and that aims to promote prevention and non-discrimination against persons living with the disease.

The participation of civil society and the epidemiological nature of AIDS served as the basis for the elaboration of a participatory, intersectoral and decentralized working strategy, our national response to the HIV/AIDS epidemic. Its greatest merit lies in combining the resolve and the efforts of other institutions of the State, of civil society — particularly persons living with HIV/AIDS — of the academic world and of scientific societies. Although we must still intensify the commitment of the education and labour sectors, there is already a clear decision to pursue this strategy together.

My Government is developing intersectoral prevention plans aimed at the general population. These incorporate socio-cultural variables to promote social integration and reduce discrimination. In that context, I wish to highlight work aimed particularly at vulnerable populations through specific projects within the intersectoral regional prevention plans. The army's comprehensive HIV/AIDS prevention and education plan deserves special mention in that regard.

Chile is developing a comprehensive care model that includes antiretroviral treatment and the treatment of opportunistic infections; the definition and periodic updating of the antiretroviral protocol; negotiations with pharmaceutical companies; and centralized purchase and distribution. Through that strategy, Chile has succeeded in meeting 100 per cent of the demand from public sector beneficiaries, covering 90 per cent through national resources and the remainder through Global Fund resources.

I take this opportunity to express my Government's gratitude for the establishment of the Fund, whose resources have enabled us to effectively complement our national policies in this area. That is a clear example of the importance of international cooperation for our countries.

It will be necessary to step up technical cooperation to promote information-sharing and the development of regional proposals for research and action with regard to a number of countries in situations of social vulnerability.

In conclusion, I would like to underline that a collective commitment, such as that which the States Members of the United Nations have undertaken with regard to information exchange, joint policies and international cooperation, will enable us to deal more effectively with preventing and controlling HIV/AIDS, with a view to ending, in the near future, the suffering and pain of millions of people throughout the world.

The Acting President: I give the floor to His Excellency Mr. Joël Adechi, Chairman of the delegation of the Republic of Benin.

Mr. Adechi (Benin) (*spoke in French*): Since the first case of HIV/AIDS was diagnosed in Benin in 1985, the AIDS pandemic has been spreading like a brush fire, despite the many awareness and prevention campaigns set up by the Government and supported by our development partners. Indeed, according to epidemiological data, the incidence of the disease in Benin rose from 0.36 per cent in 1994 to 4.1 per cent in 1999. According to current statistics, 50 people are

infected every day in Benin. Furthermore, it has been estimated that more than 150,000 people are living with HIV and that 42,000 children have been orphaned as a result of the disease, 25,000 of whom are infected with the virus.

This fearsome disease is continuing to ravage the population, jeopardizing the lives of innocent children. It is the result of a lack of awareness on the part of adults, as well as of human error. AIDS is no longer just a public health issue; it is also a development issue. In response to the scourge, which is clearly acting as a brake on the increasingly precarious development of our country, my Government set up the Benin HIV/AIDS Prevention Project, which aims to reduce the HIV/AIDS transmission rate in Benin by strengthening the management and coordination capacities of our National AIDS Programme.

Furthermore, the Government has launched a multisectoral project to combat AIDS, with a view to giving additional impetus to the fight against the pandemic. The objective of this project is to slow the rate of HIV infection and to reduce the impact of the virus on those infected. The project has three main components: support for civil society; support for the public sector; and support for the coordination, management, follow-up and development. The Government must respond to the scourge at a multisectoral level.

Despite all of the efforts of our Government and of the international community through the adoption of such plans and projects, HIV/AIDS is continuing to spread, as various studies have shown. We concluded, therefore, that it was necessary to institute a new planning process that took into account the outcome of analyses of and responses to the situation, as well as factors determining the spread of infection, with a view to developing an appropriate multisectoral plan. My country has therefore adopted a new policy to fight AIDS: the National Strategic Framework to Combat AIDS in Benin. The Framework defines guidelines and the main areas, strategies and priority actions to combat the pandemic over the next five years. It focuses on 14 main objectives and has as its institutional framework, inter alia, the National Committee to Combat AIDS, presided over by the head of State himself. All socio-professional categories in our country are represented on the Committee, which reflects the need to involve all of the diverse communities of our country in the battle against AIDS.

This new strategy has enabled us, since February 2002, to treat with antiretroviral drugs 380 people living with HIV/AIDS, and we are in the process of stepping up that programme, thanks to the support of the Global Fund. Despite such positive results, great efforts will still have to be made to ensure that thousands of sick people can be treated and cared for, and the impact of the epidemic thereby reduced.

I would like, on behalf of the Government of Benin, to thank all of our development partners and the non-governmental organizations, which have spared no efforts to help our country in its daily struggle against this scourge.

Finally, we ardently hope that, over and above experience sharing and the implementation of our policies, our countries will be able rapidly to achieve greater synergy in their various actions and initiatives in the relentless struggle against this terrible disease.

The Acting President: I give the floor to His Excellency Mr. Mwelwa C. Musambachime, Chairman of the delegation of the Republic of Zambia.

Mr. Musambachime (Zambia): My delegation is pleased to participate in the deliberations of these important meetings on the outcome of the twenty-sixth special session of the General Assembly and on the implementation of the Declaration of Commitment on HIV/AIDS. It is now more than two years since that Declaration was adopted by the General Assembly in June 2001. The global challenge to combat HIV/AIDS has not diminished, as we are still far from achieving the targets we set for ourselves in the Declaration.

We need to remind ourselves of the grim realities of this epidemic. Currently, at least 42 million people worldwide are estimated to be living with HIV/AIDS. Five million people were infected in 2002, while 3.1 million died from the disease in that year alone. In sub-Saharan Africa, the region most affected by the epidemic, 29.4 million people are living with the virus, 58 per cent of whom are women.

In terms of its impact, the disease has had devastating and profound effects on all socio-economic sectors and all levels of society, affecting individuals, households and entire communities. In the southern part of Africa, HIV/AIDS has combined with other factors, such as drought and flood, to cause a steady fall in agricultural production — the principal means of livelihood for much of the population — thus further

impoverishing vast numbers of people and weakening their coping mechanisms.

It is pertinent, therefore, that we should once again assemble here to take stock of where we stand and to evaluate what progress has been made in the implementation of the Declaration. It is in that regard that I wish to thank the Secretary-General for having called for these very important meetings and to pay tribute to him for his personal commitment and leadership in the global fight against HIV/AIDS.

My delegation welcomes the reports of the Secretary-General on the progress achieved in realizing the commitments set out in the Declaration. The reports, contained in documents A/58/184 and A/58/CRP.1, are concise, and clearly outline the responses of Member States to the 18 global indicators developed by the Joint United Nations Programme on HIV/AIDS and aimed at measuring progress towards implementation.

My delegation further notes with satisfaction that since the first report of the Secretary-General (A/57/227 and Corr.1), issued on 12 August 2002, there has been progress in the implementation of the Declaration. In Zambia, at the policy level, strategic plans have already been drawn up and are in the process of being implemented. They include the creation of a National AIDS Council, which receives policy direction and guidance from the President of the Republic of Zambia, Mr. Levy Mwanawasa. The Council was shaped with the assistance of a committee of cabinet ministers and is comprised of a cross section of stakeholders, is mandated to coordinate and support the development, monitoring and evaluation of multisectoral national responses for the prevention and combating of the spread of HIV/AIDS, sexually transmitted diseases and tuberculosis, in order to reduce the social economic impact of the diseases.

The aforementioned institutions are now at the frontline of the fight against HIV/AIDS because, through them, the Government is able to direct available resources to those in need. The impact of Zambia's national programme for combating HIV/AIDS is beginning to yield positive results, especially in the reduction of infection among young people.

Zambia has a long way to go in its fight to combat this scourge. The areas currently in need of even greater effort and support include the availability of and access to medicines, particularly antiretroviral therapy; enhanced programmes to prevent mother-to-child transmission; tackling the growing number of AIDS orphans; and creating a support system to protect women and young girls from being infected by HIV/AIDS, given that more women than men are being infected by the disease.

International cooperation is needed to bring much needed resources and related expertise. It is in that context that we call for increased financing for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, as well as other related initiatives, such as the Multi-Country HIV/AIDS Programme.

May I also emphasize the need for the international community to make resources available to support, not just national programmes like the ones we have in Zambia, but regional initiatives as well, such as the Abuja Declaration of 2001 and the Maseru Declaration of 2003 on the fight against HIV/AIDS.

Let me end by reaffirming Zambia's commitment to the fight against HIV/AIDS and pledging its support to the decisions of this meeting, which will once again chart a road map for making further progress.

The Acting President: In accordance with resolution 57/308, of 22 May 2003, I call on His Eminence Cardinal Claudio Hummes, Archbishop of Sao Paolo, Brazil, representing the Observer Delegation of the Holy See.

Archbishop Hummes (Holy See) (*spoke in Spanish*): First, on behalf of my delegation, let me convey to the United Nations our condolences for the victims of the attacks in Baghdad yesterday and on 19 August. I hope that the path towards a constructive and lasting peace will become increasingly possible. We will remember the families of the victims in our prayers.

We express our sincere appreciation to the Assembly President for presiding over the high-level plenary meetings on HIV/AIDS. It is a most opportune initiative, expressing the international community's resolve to create more effective strategies to address the challenges posed by this epidemic and other preventable diseases, such as malaria, cholera and tuberculosis.

HIV/AIDS continues to be one of the greatest tragedies of our time. It is not only a health problem of enormous magnitude, it is a social, economic and

political question as well. And, as my delegation has already underlined many times here at the United Nations and in similar forums elsewhere, it is also a moral question because the causes of the epidemic clearly reflect a serious crisis of values. Its rapid spread and tragic consequences have spared no geographic segment of the human family. In 2001, on the occasion of the Tenth Ordinary General Assembly of the Synod of Bishops of the Catholic Church, the bishops of sub-Saharan Africa launched an appeal to the international community for urgent help in their battle against this plague that is reaping a fearful harvest of death in that region.

Allow me to draw special attention to one of the most vulnerable groups among HIV/AIDS victims: our children. So many of them have been and continue to be victims of the epidemic, either because they have been infected by the virus, passed on to them by birth or because they have become orphans due to the AIDS-related premature death of their parents.

The urgent need to treat those young patients can be met through the advances in medical science. Unfortunately, the cost of medical treatment is high and is often beyond the reach not only of the poor but even of those in the middle income bracket. This economic problem is compounded by legal issues, such as contentious interpretations of the right to intellectual property. My delegation is heartened by the World Trade Organization agreement reached last 30 August 2003, which will make it easier for poorer States to import cheaper generic pharmaceuticals made under compulsory licensing. That agreement should give those young patients greater access to medicines. We dare to hope for further such concrete expressions of political will and moral courage.

The Holy See and the Catholic institutions have not shirked from the global fight against HIV/AIDS. My delegation is pleased to note that 12 per cent of care providers for HIV/AIDS patients are agencies of the Catholic Church and 13 per cent of global relief for those affected by the epidemic comes from Catholic non-governmental organizations. The Holy See, thanks to its institutions worldwide, provides 25 per cent of the total care given to HIV/AIDS victims, making it one of the leading protagonists in the field, more specifically, one of the most ubiquitous and best providers of care for the victims.

In fact, by the end of this year, through the Pontifical Council for Health Care and various Catholic organizations, the Holy See will have reached its objective of having operational institutions and programmes in all sub-Saharan African countries and its objective of starting new such programmes in Brazil, Argentina, Mexico, Thailand and Lithuania, in addition to those already existing in other countries worldwide. They offer wide-ranging services, from awareness campaigns to education towards responsible behaviour, from psychological assistance to moral support, from nutrition centres to orphanages, from hospital treatment to home and prison care for HIV/AIDS patients.

In closing, let me reiterate the willingness of the Holy See to cooperate with the rest of the international community in combating the scourge of the century, in mitigating its present devastating impact, in arresting its menacing spectre cast across the globe, to prevent it from claiming the lives of future generations. We cannot fail to rise to this daunting challenge.

The Acting President: In accordance with General Assembly resolution 49/2 of 19 October 1994, I now call on His Excellency Mr. Juan Manuel Suárez del Toro, President of the International Federation of Red Cross and Red Crescent Societies.

Mr. Suárez del Toro (International Federation of Red Cross and Red Crescent Societies) (*spoke in Spanish*): I speak today on behalf of the International Federation of Red Cross and Red Crescent Societies. We are an international organization with a presence here and with links to civil society. That is why I am speaking with a great feeling of responsibility.

Much has been said about the economic impact of the HIV/AIDS epidemic and the threat that it poses to security and stability in the world. The projections are truly frightening. HIV/AIDS will kill more people this decade than all the wars and disasters of the past 50 years. But this simply must not become a cold debate about numbers and figures. Instead, we must make this an ethical debate, and move away from the ethics of mere survival to the ethics of dignity. The fact that the debates have turned into discussions on how much money is needed or what types of intervention we should or should not do is indecent and an affront to the dignity of every affected person. Meanwhile, millions of people continue to suffer and die from the epidemic. Meanwhile, attitudes and policies continue

to discriminate against people living with HIV/AIDS and impede our efforts to respond to the crisis. If we must speak of numbers, let us talk about the investment that is necessary to prevent and alleviate suffering and protect human dignity.

The time for debate is long behind us. There are no mysteries here. We know what we need to do, and we know how to do it. We know that we can defeat this terrible epidemic. The Declaration of Commitment mentions the need to invest a minimum of $10 billion by 2005 if the response to HIV/AIDS is to have an impact. Using the most conservative figures of the number of persons living with HIV/AIDS, the $10 billion would barely cover $250 per person over three years: much less than $1 a day per person. Is that too high a price to pay to protect human dignity? Is that too much to restore hope and dignity to the millions of persons affected and living with HIV/AIDS? No, it is not. But we are far from reaching even that target.

Important mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria are threatened by the lack of resources. We call on all Governments to honour their commitments to support the Global Fund and to adopt funding mechanisms such as an equitable contributions framework based on a county's gross domestic product to assure stable financing. This is critical, because we know that the response to the crisis must be sustained over many years to come.

It is also important to understand what science and experience have taught and to incorporate it into this fight. It is a clear and indisputable fact that the harm-reduction approach reduces HIV transmission. We therefore urge Governments and international organizations to adopt harm-reduction measures to reduce risks and halt the spread of the disease.

Finally, there has been some promising news about access to drugs for the countries that most need them. However, for the millions of people affected by HIV/AIDS, access is still one of the greatest challenges, especially for those who are victims of discrimination and are marginalized. If we fail to help them, then our efforts will have failed.

In this regard, the Red Cross and Red Crescent and other organizations can act as the bridge between national health systems and persons affected by HIV/AIDS. But this requires Governments to recognize the value of civic organizations and support and strengthen local capacity to be able to serve communities.

In December 2003, the International Conference of the Red Cross and Red Crescent will bring together Governments and the Red Cross and Red Crescent to discuss the theme of protecting human dignity. It will be an excellent opportunity for all Governments represented here today, as well as the Red Cross and Red Crescent, to reaffirm their determined commitment to support the response to the HIV/AIDS epidemic and to take concrete actions against the indignity that ensues from it.

The Acting President: In accordance with General Assembly resolution 48/265 of 24 August 1994, I now call on His Excellency Mr. José Antonio Linati-Bosch, Chairman of the observer delegation of the Sovereign Military Order of Malta.

Mr. Linati-Bosch (Sovereign Military Order of Malta): Allow me to congratulate Mr. Julian Hunte on his election to the presidency of the General Assembly at its fifty-eighth session. I am confident that his efficiency and capacity will ensure the success of this session.

It is useless to underline the importance of these meetings. According to 2002 statistics, HIV/AIDS now afflicts 40 million people, as compared to 37 million in 2001, with 4.2 million new HIV infections per year worldwide. Those figures reveal the perilous nature of the disease. It has been estimated that by 2010, there will be at least 60 million and as many as 80 to 110 million people with AIDS. In 2002, 8,500 people worldwide died of AIDS each day; 1,600 were children under 15 years of age. At the same time, 14,000 people per day were newly infected. Of the 42 million people affected, 95 per cent live in developing countries.

Although public education programmes have been implemented and medical treatment is available, the foregoing statistics prove that the spread of HIV/AIDS is causing a global catastrophe, not limited to so-called risk groups. In fact, we are facing what the Secretary-General has called "the most formidable development challenge of our time" (A/55/779, para. 123).

Basic medical care, affordable medicines, prevention and research, together with technical assistance, can substantially contribute, but only with an increase in financial support. It is absolutely

necessary to mobilize large-scale resources, in terms of both financial means and skilled personnel.

First of all, there is a need to consolidate the current projects and programmes by means of suitable structures and professional management systems. And there is a need to ensure that the quality of work can be maintained and further increased. HIV/AIDS control must remain a specific priority over the long term, particularly in those countries and regions where the situation is most urgent, where adequate public services are lacking and where self-help initiatives are worthy of being sponsored. Such programmes should also focus on providing clean drinking water, setting up sanitation facilities and offering public education and nutrition programmes.

But all the legal, practical and social measures taken in the struggle against AIDS must be accompanied by education — education based on the traditional values of morality. The HIV/AIDS crisis is a central subject of focus for the humanitarian facet of the Sovereign Military Order of Malta. The Comité International de l'Ordre de Malte has established programmes of medical and palliative care for AIDS sufferers. The primary goals of these programmes is to protect against vertical infection by providing mothers with access to screening, prenatal therapy and treatment.

The Order is particularly active in Mexico, in collaboration with the National Institute of Perinatology, and it works with medical foundations in Argentina, Kenya and South Africa. The Order's presence in this field stands in accordance with its tradition of medical assistance.

The Order of Malta is fighting HIV/AIDS to its utmost. We are confident in upholding our collaboration in solidarity with the States Members of the United Nations, the entire international community and civil society. We can continue to talk; we can continue to recommend. But what we really need is to convert words into action through the common effort of the whole international community. We are convinced that only a global strategy can be effective to combat the threat represented by AIDS.

The Acting President: In accordance with General Assembly (XXIX) resolution 3208 of 11 October 1974, I now call on His Excellency Mr. John Richardson, Chairman of the observer delegation of the European Community.

Mr. Richardson (European Community): The AIDS crisis besetting the world is not just a personal tragedy for the men, women and children suffering from the disease. It is a global economic catastrophe, because it attacks the active members of the population.

We are convinced that not only HIV/AIDS but also malaria and tuberculosis need to be tackled on many fronts at once. We have therefore taken a comprehensive approach in the European Union (EU) Programme for Action on Communicable Diseases launched over two years ago, addressing issues such as peace and security; economic development and the struggle against poverty; and research and trade. In total we have allocated more than 1 billion euros to the Programme for Action to date, equally addressing prevention, care and treatment.

We have made progress in tiered pricing of medicines, an approach we proposed a few years ago and which has just received a boost through the adoption of unprecedented EU legislation that seeks to prevent reimportation of reduced-price drugs into Europe and thus to encourage the pharmaceutical industry to get involved. Some laboratories have already done so. We call now on other major players to show the same willingness and determination.

The European Union believes that it is possible to protect scientific innovations while preserving the right of all to treatment. Leading up to the World Trade Organization Ministerial Conference, held at Cancún, we reached an agreement to lift the barriers that currently stop generic medicines from being distributed in developing countries that cannot produce them on their own. In that context, let us remember also the agenda set at the International Conference on Population and Development, held in Cairo almost 10 years ago, which called for all men and women, adult or adolescent, to have the free choice to decide on their reproductive well-being.

Since the beginning, the European Commission strongly supported the idea of setting up a global fund to finance specific actions and interventions. We were convinced that a mechanism was needed to provide additional resources, quickly step up efforts already undertaken, help us to do things better than before and achieve results fast. The Commission is a member of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria and it chairs, or is actively

represented on, several of its committees. We pay special attention to the interests of the developing countries and to participation by civil society and people living with the disease.

Within the Fund we encourage the supply of tiered-price, high-quality products to our partner countries, and the distribution of generic products. We want to introduce openness, transparency and innovation in administration, in cooperation with all the main players. Above all, we want to make the Fund a viable, long-term financial instrument that can finance all quality actions proposed by our partners. The European Commission has paid 120 million euros into the Global Fund and has allocated an additional 340 million euros for the coming years. That brings our total contribution to the Fund to 460 million euros. President Prodi is personally committed to ensuring that those figures represent a minimum contribution, a beginning.

The EU member States have collectively increased funding to fight against the three diseases through additional aid to national and regional programmes, United Nations agencies, funds and programmes and other multilateral channels. For the Global Fund alone, the European Union and its member States have pledged a total of $2.56 billion in additional resources. The EU contribution therefore now accounts for 55 per cent of all resources pledged to the Fund.

Just before summer, the EU Council of Ministers adopted a declaration calling on member State Governments to continue their support for the Global Fund, and if possible to increase it. But the Fund is not the only mechanism through which we channel support. We do so also through national budgets, in-country — and that is where we, all donors, need to harmonize our procedures and coordinate our policies.

We will continue to work together to develop effective and sustainable methods of cooperation, so that we can provide hope to those most in need.

The Acting President: We have heard the last speaker in the debate. The General Assembly has thus concluded the high level plenary meetings devoted to follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS and this stage of its consideration of agenda item 47.

The meeting rose at 1.30 a.m., 23 September 2003.